



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 268421		2. Name of Corporation New England Pulmonary Medicine, Inc.			
3. Street Address Principal Business Office 63 Eddie Dowling Highway			City North Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 597-5622		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island the practice of pulmonary medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Fadi Al Bilbeisi, MD			Vice President Name		
Street Address 63 Eddie Dowling Highway			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Fadi Al Bilbeisi, MD			Treasurer Name Fadi Al Bilbeisi, MD		
Street Address 63 Eddie Dowling Highway			Street Address 63 Eddie Dowling Highway		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Fadi Al Bilbeisi, MD			Director Name		
Street Address 63 Eddie Dowling Highway			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value \$.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	MAY 13 2011
Check No.	1094
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Fadi Al Bilbeisi Date 4/5/11
Fadi Al Bilbeisi, MD
Print or Type Name
President
Title