



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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 136690		2. Name of Corporation Cumberland Medical Associates Condominium Center, Inc.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 2138 Mendon Road		City Cumberland	Zip 02864
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George B. Gettinger, DMD			Vice President Name		
Street Address 2138 Mendon Road, Suite 201			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Lindsay F. Gettinger			Treasurer Name Lindsay F. Gettinger		
Street Address 2138 Mendon Road, Suite 201			Street Address 2138 Mendon Road, Suite 201		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name A. Louis Mariorenzi, M.D.			Director Name Michael Mariorenzi, M.D.		
Street Address 725 Reservoir Avenue, Suite 101			Street Address 725 Reservoir Avenue, Suite 101		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Louis J. Mariorenzi, M.D.			Director Name		
Street Address 725 Reservoir Avenue, Suite 101			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

136690  
**FILED**

File Date JUN 03 2011  
Check No. 3Y 2875  
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.

George B. Gettinger 11/12 5/31/11  
Signature of Officer Date

George B. Gettinger, DMD  
Print or Type Name of Officer

President  
Title of Officer