



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. 000161770		2. Name of Corporation Pulmonary and Sleep office of New England, P.C	
3. Street Address Principal Business Office 25 John A. Cummings way		City Woonsocket	State RI
4. Business Phone No. 401-766-6066		5. State of Incorporation Rhode Island U.S.A	
6. Brief Description of the Character of Business Conducted in Rhode Island Health Care			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dr. Mohammad Khamiees		Vice President Name NONE	
Street Address 25 John A. Cummings way		Street Address —	
City Woonsocket	State RI	City —	State —
Zip 02895		Zip —	
Secretary Name Sandy		Treasurer Name —	
Street Address 25 John A. Cummings way		Street Address —	
City Woonsocket	State RI	City —	State —
Zip 02895		Zip —	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name — NONE	
Street Address —		Street Address —	
City —	State —	City —	State —
Zip —		Zip —	
Director Name —		Director Name —	
Street Address —		Street Address —	
City —	State —	City —	State —
Zip —		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
		Par Value	

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 SEP 27 2011
Check No. By mnc
By: 3796
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 Dr. Mohammad Khamiees Date 9-23-11
Print or Type Name President
Title