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.	2. Name of Corporation		
000161770	Pulmonary and Sleep office of New England, P.C		
3. Street Address Principal Business Office	City	State	Zip
25 John A. Cummings way	Woonsocket	RI	02895
4. Business Phone No.	5. State of Incorporation		
401-766-6066	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	Vice President Name
Dr. Mohammad Khamiees	NONE
Street Address: 25 John A. Cummings way	Street Address: —
City: Woonsocket / State: RI / Zip: 02895	City: — / State: — / Zip: —
Secretary Name: Sandy	Treasurer Name: —
Street Address: 25 John A Cummings way	Street Address: —
City: woonsocket / State: RI / Zip: 02895	City: — / State: — / Zip: —

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
NONE	— NONE
Street Address: —	Street Address: —
City: — / State: — / Zip: —	City: — / State: — / Zip: —
Director Name: —	Director Name: —
Street Address: —	Street Address: —
City: — / State: — / Zip: —	City: — / State: — / Zip: —

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		

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.

[redacted] [redacted]

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 — Date: 9-23-11

Dr. Mohammad Khamiees
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08