



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000264831

2. Name of Corporation East Side Pediatrics, P.C.

3. Street Address Principal Business Office:

No. and Street: 154 WATERMAN STREET, SUITE 3

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

4. Business Phone No.

4013834411

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

Provide Medical Services

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM J MOROCCO MD	63 COLONIAL DRIVE MANSFIELD, MA 02048 USA
TREASURER	WILLIAM J MOROCCO MD	63 COLONIAL DRIVE MANSFIELD, MA 02048 USA
VICE PRESIDENT	WILLIAM J MOROCCO MD	63 COLONIAL DRIVE MANSFIELD, MA 02048 USA
OTHER OFFICER	WILLIAM MOROCCO	154 WATERMAN STREET, SUITE 3 PROVIDENCE, RI 02906
DIRECTOR	WILLIAM J MOROCCO MD	63 COLONIAL DRIVE MANSFIELD, MA 02048 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.01	2,000.00	2000

9. 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.

Signed this 7 Day of October, 2011 at 4:19:50 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JENNY WEAVER
Signature of Authorized Representative of the Corporation

PRACTICE MANAGER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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