

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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filling Period: January 1 - March 1 • Filling 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. 7-1.2-150).

subject to a penalty fee of \$25.	.00.	and the second s	man report with mining (50)	mays aguer and time preservoed by	у шw (к.л.у.с. /-1.2-1)01(сста)) :	
1. Corporate ID No. 32271	2. Name of Co. Joseph Di	2. Name of Corporation Joseph DiBenedetto, Jr., MD, Inc.				
3. Street Address Principal Business Office 193 Waterman Street			Providence	State RI	^{Zip} 02906	
4. Business Phone No. 5. State of Incorporation 401-351-4470 Rhode Island						
6. Brief Description of the Cha Physician	tracter of Business Condi	icted in Rhode Island				
7. NAMES AND ADDR	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS	
President Name			Vice President Name			
Joseph DiBenedetto, Jr., MD			none			
Street Address 193 Waterman Stree	et		Street Address			
City Providence	State RI	^{Zip} 02906	City	State	Zip	
Secretary Name NONE			Treasurer Name none			
Street Address			Street Address			
Cito						
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRI	! ESSES OF THE DIR	 ECTORS: <i>("X" BOX FOR AT</i> "	: <i>TACHMENT</i>) □ RILLI	 N SPACES BEFORE US	INC ATTACKANATIO	
Director Name			Director Name	N STACES DEFORE US	ING ATTACHMENTS	
none			none			
treet Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name		······································	Director Name			
none			none			
Street Address			Street Address		, , , , , , , , , , , , , , , , , , , ,	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZ	ED I	I	: 10. SHARES ISSUED	 	 CHMENT) □	
				ECTION MUST BE COMPLETE		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	CWP	\$1.00	
This report must be exe	cuted on behalf of the	ne corporation by an authorize	d representative. If the	cornoration is in the hor	do of a manifest and an arrangement	
his report must be exec	uted on behalf of th	e corporation by the receiver	or trustee.	corporation is in the nam	ius of a receiver or trustee,	
			Under penalty of	periory I declare and affirm	n that I have examined this rep	
	HFD		including any acc	ompanying schedules and s	statements, and that all statements	
			contained herein a	are true and correct.		
File DateDEC	2 9 2011		Joseph)	In Bond	12/28/11	
Charl M.	mna)	Slanature)		Date	
By: 4530 FOR SECRETARY OF STATE USE ONLY			Joseph DiBenedetto, Jr.,MD			
			Print or Type Name President			
						. O. OLOMBIANI