



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 2012

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 6537		2. Name of Corporation Norbert Fleisig, M.D., Inc.		
3. Street Address Principal Business Office 45 JOSEPH COURT		City WARWICK	State RI	Zip 02886
4. Business Phone No. (401) 885 0406		5. State of Incorporation R.I.		
6. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF MEDICINE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name NORBERT FLEISIG, M.D.		Vice President Name		
Street Address 45 JOSEPH COURT WARWICK, RI 02886		Street Address NORBERT FLEISIG, M.D. 45 JOSEPH COURT WARWICK, RI 02886		
City	State	Zip	City	State
Secretary Name NORBERT FLEISIG, M.D.		Treasurer Name		
Street Address 45 JOSEPH COURT WARWICK, RI 02886		Street Address NORBERT FLEISIG, M.D. 45 JOSEPH COURT WARWICK, RI 02886		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NORBERT FLEISIG, M.D.		Director Name		
Street Address 45 JOSEPH COURT WARWICK, RI 02886		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 600 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 NONE

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	JAN 04 2012
Check No.	BY 5808
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 Norbert Fleisig M.D. Date 1/2/2012
Print or Type Name Norbert Fleisig, M.D.
Title PRES