



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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>10483</u>		2. Name of Corporation <u>Elia Shamma MD Inc</u>			
3. Street Address Principal Business Office <u>One Randall Square 302</u>			City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>
4. Business Phone No. <u>401-831-6682</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Psychiatry Practice</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Elia Shamma MD</u>			Vice President Name		
Street Address <u>One Randall Square S-302</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("Y" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Ray Shamma Assistant Treasurer</u>			Director Name		
Street Address <u>One Randall Sq. S-302</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 <u>100</u>	Class/Series	Par Value <u>no par</u>	

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 06 2012
Check No. 6809
By: _____
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 Elia Shamma Date 1-5-12

Print or Type Name
Elia Shamma
Title President