



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. 135722		2. Name of Corporation Kardous Primary Care, Inc.			
3. Street Address Principal Business Office 1145 Reservoir Avenue, Suite 301			City Cranston	State Rhode Island	Zip 02920
4. Business Phone No. 401-946-5001		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Render professional services as a physician					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Antioan Kardous			Vice President Name Antioan Kardous		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address 1145 Reservoir Avenue, Suite 301		
City Cranston	State Rhode Island	Zip 02920	City Cranston	State Rhode Island	Zip 02920
Secretary Name Antioan Kardous			Treasurer Name Antioan Kardous		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address 1145 Reservoir Avenue, Suite 301		
City Cranston	State Rhode Island	Zip 02920	City Cranston	State Rhode Island	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Antioan Kardous			Director Name		
Street Address 1145 Reservoir Avenue, Suite 301			Street Address		
City Cranston	State Rhode Island	Zip 02920	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"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
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 Common	Par Value No Par

RECEIVED
 CORPORATION DIVISION
 2012 JAN 18 PM 3:44

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

JAN 18 2012 3:44

BY 160933

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] _____
Signature Date

Dr. Antioan Kardous
Print or Type Name
President
Title

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY