RI SOS Filing Number: 201288469110 Date: 01/24/2012 4:00 PM

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.: 116310	2. Name of Corporation: David B. Stoll, M.D., Ltd.
3. Street Address Principal Business Office: 55 Hamlet Avenue	City: Woonsocket; State: RI; Zip: 02895
4. Business Phone No.: 401-751-0900	5. State of Incorporation: Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island: The operation of a professional service corporation of physicians.	

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: David B. Stoll, M.D.	Vice President Name: David B. Stoll, M.D.
Street Address: 55 Hamlet Avenue	Street Address: 55 Hamlet Avenue
City: Woonsocket; State: RI; Zip: 02895	City: Woonsocket; State: RI; Zip: 02895
Secretary Name: David B. Stoll, M.D.	Treasurer Name: David B. Stoll, M.D.
Street Address: 55 Hamlet Avenue	Street Address: 55 Hamlet Avenue
City: Woonsocket; State: RI; Zip: 02895	City: Woonsocket; State: RI; Zip: 02895

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: NONE	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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.

[redacted]

FILED
File Date _____
Check No. JAN 24 2012
By: 83160
FOR SECRETARY OF STATE USE ONLY
72368-10-715143

[redacted]

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: David B. Stoll Date: 1/21/12

David B. Stoll, M.D.
Print or Type Name

President
Title

[redacted]

Form 630 Rev. 08/08