



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 02904-2611  
401.222.3044

## 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. **18739** 2. Name of Corporation **Richard P. Iacobucci, M.D., Inc.**

3. Street Address Principal Business Office **1150 Reservoir Avenue, Unit 203** City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **(401)353-4938** 5. State of Incorporation **RI**

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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Richard P. Iacobucci** Vice President Name **Richard P. Iacobucci**

Street Address **1150 Reservoir Avenue, Unit 203** Street Address **1150 Reservoir Avenue, Unit 203**

City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

Secretary Name **Richard P. Iacobucci** Treasurer Name **Richard P. Iacobucci**

Street Address **1150 Reservoir Avenue, Unit 203** Street Address **1150 Reservoir Avenue, Unit 203**

City **Cranston** State **RI** Zip **02920** City **Cranston** State **RI** Zip **02920**

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

Director Name **Richard P. Iacobucci** Director Name

Street Address **1150 Reservoir Avenue, Unit 203** Street Address

City **Cranston** State **RI** Zip **02920** 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
200	Common Stock	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 30 2012**

Check No.

By: **9621**

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

Date

**Richard P. Iacobucci**

Print or Type Name

**President**

Title