



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000001571

2. Name of Corporation Atwood Medical Associates, Ltd.

3. Street Address Principal Business Office:

No. and Street: 1524 ATWOOD AVENUE, SUITE 220

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

MULTI-SPECIALTY MEDICAL PRACTICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	WILLIAM J BELIVEAU MD	1524 ATWOOD AVENUE JOHNSTON, RI 02919 USA
SECRETARY	WILLIAM J BELIVEAU MD	1524 ATWOOD AVENUE JOHNSTON, RI 02919 USA
VICE PRESIDENT	WILLIAM J BELIVEAU MD	1524 ATWOOD AVENUE JOHNSTON, RI 02919 USA
PRESIDENT	WILLIAM J BELIVEAU MD	1524 ATWOOD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	WILLIAM J BELIVEAU MD	1524 ATWOOD AVENUE JOHNSTON, RI 02919 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	800.00	597

9. 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.

Signed this 1 Day of February, 2012 at 11:17:55 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ELAINE NARDUCCI
Signature of Authorized Representative of the Corporation

EXECUTIVE DIRECTOR
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

© 2007 - 2012 State of Rhode Island and Providence Plantations
All Rights Reserved