

2. Name of Corporation

1. Corporate ID No.

Click here for instruction page

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(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e) its annual report within thirty (30) days after the time prescribed by the days after the time prescribed by the days after the days after the days after subject to a penalty fee of \$25.00.

The content of the company of the	71002	DENIS E. M	DENIS E. MOONAN, M.D., INC.				
State of the experience   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business Confederate in Proceedings   State of the Charactery of Business   State of the Charactery   State of the Charactery of Business   State of the Charactery   State of the Charactery of	3. street Augress Principal Business Office			City	1	1 -	
The formation is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 10 Shares authorized nust be executed on behalf of the corporation by the receiver or Irussee.  For secretary of FEB 1 & 2012  For secretary of FE	4. Business Phone No.	State of Incorporation		THORITI TOVIDENCE	<u>  KI</u>	1 02911	
Pensis E. Moonan, M.D.  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Server Address  Server Address  Denis E. Moonan, M.D.  Server Address  Server Address  Denis E. Moonan, M.D.  Server Address  Server Address  Server Address  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Server Address  Server Address  Denis E. Moonan, M.D.  Denis E. Moonan, M.D.  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Denis E. Moonan, M.D.  Server Address  Denis E. Moonan, M.D.  Denis E.	6. Brief Description of the Character of Rendering profession	onal services a	Rhode Island S physicians and	surgeons.			
Denis E. Moonan, M.D.    Vacant   State   Vacant   State   Vacant   State   Vacant   State   Vacant   State   Vacant   V	7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPAC	ES BEFORE USING	ATTACHMENTS	
1515 Smith Street, Unit N    Some   State   St				:			
North Providence RI	1515 Smith Street, Unit N			Street Address			
Denis E. Moonan, M.D.    Some Address   State   Unit N   Unit Providence   State   Unit N   Unit Providence   State   Unit N   Unit	North Providence Secretary Name	\$	1 '	•	State	Zip	
1515 Smith Street, Unit N    Street Address	Denis E. Moonan, M.D. Street Address			Denis E. Moonan, M.D.			
North Providence RI  02911 Providence Ri  0291 Providence Ri  02				•			
Director Name    Director Name	North Providence	RI	02911	City North Providence	State RI	02011	
State   Zip   Director Name   Zip   State   Zip   Zip   State   Zip   Zip   State   Zip   Zip	5. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name						
Director Name    Director Name   Director Name	treet Address			Street Address			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of nstruction sheet.  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, his report must be executed on behalf of the corporation by the receiver or trustee.  The Date  FEB 1 4 2012  FOR SECRETARY OF STATE USE ONLY  State  Zip  City  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Norther of Shares  Class Series  Par Value  10. Shares  Common  No Par Value  10. Shares  Common  No Par Value  11. Under penalty of perjury. I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.  Signature  Date  DENS E. MOONAN, M.D.  Print or Type Name  PRESIDENT  Title	City	State	Zip	City	State	Ζψ	
State   Zip   City   State   Zip   City   State   Zip    10. SHARES AUTHORIZED   10. SHARES ISSUED (*** BOX FOR ATTACHMENT)   ISSUED SHARES — THIS SECTION MUST BE COMPLETED    This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of natruction sheet.   10 Shares   Class Strikes   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, his report must be executed on behalf of the corporation by the receiver or trustee.    Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and errect.   The Corporation of th	Director Name	J	J	Director Name	<u></u>		
SHARES AUTHORIZED  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  10. Shares — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Series  Par Value  10. Shares  Class/Series  Par Value  10. Shares  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, his report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and affirm that I have examined this report including any accompanying schedules and statements, and that all statements are true and affirm that I have examined this report including any accompanying schedules and statements, and that all statements are true and affirm that I have examined this report including any accompanying schedules and statements, and that all statements are true and affirm that I have examined this report including any accompanying schedules and statements, and that all statements are true and affirm that I have examined this report including any accompanying schedules and statements, and that all statements are true and affirm that I have examined this report including any accompanying schedules and statements.  Denis E. MOONAN, M.D.  Print or Type Name  PRESIDENT  Title	Street Address			Street Address			
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.    Sued Shares	City	State	Zip	City	State	Zip	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 10 Shares Common No Par Value  10 Shares Common No Par Value  11 Shares Common No Par Value  12 Shares Common No Par Value  13 Shares Common No Par Value  14 Shares Common No Par Value  15 Shares Common No Par Value  16 Shares Common No Par Value  17 Shares Common No Par Value  18 Shares Common No Par Value  19 Shares Common No Par Value  10 Shares Common No	9. SHARES AUTHORIZED		!			MENT)	
Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and agreed.  Signature  DENIS E. MOONAN, M.D.  Print or Type Name  PRESIDENT  Title	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.				T	Par Value	
Under penalty of perjury. I declare and affirm that I have examined this repoincluding any accompanying schedules and statements, and that all statement contained herein are true and correct.    Check No.				10 Shares	Common	No Par Value	
FIED	This report must be executed o	on behalf of the corpo	pration by an authorized ration by the receiver o	representative. If the corporar trustee.	ation is in the hands	of a receiver or trustee,	
FIED				Lindar panelty of and	I dealers 4 : 00		
Signature  Date  Denis E. Moonan, M.D.  Print or Type Name  PRESIDENT  Title	FILE			including any accompany contained herein are true	ing schedules and state	ements, and that all statement	
DENIS E. MOONAN, M.D.  Print or Type Name  PRESIDENT  Title	File Date	<u> </u>			· riocuto.		
FOR SECRETARY OF STATE USE ONLY  PRESIDENT  Title	1/10/	/		DENIS E. MOO	ONAN, M.D.		
Title	POR SECRETARY OF STAT	E USE ONLY					
			<del></del>	Tule		Form 630 Rev. 08/08	