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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.	2. Name of Corporation
485675	MICHAEL ROSENBERG, D.O., INC.

3. Street Address Principal Business Office	City	State	Zip
335 Hope Street	Providence	RI	02906

4. Business Phone No.	5. State of Incorporation
(401) 272-1832	Rhode Island

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

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

President Name	Vice President Name
Michael Rosenberg, D.O.	Same
Street Address: 118 Grotto Avenue	Street Address:
City: Providence, / State: RI / Zip: 02906	City: / State: / Zip:
Secretary Name: Same	Treasurer Name: Same
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

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

Director Name	Director Name
Michael Rosenberg, D.O.	
Street Address: 118 Grotto Avenue	Street Address:
City: Providence / State: RI / Zip: 02906	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
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.

[redacted]

FILED

File Date: FEB 14 2012
Check No.:
By: 12686

FOR SECRETARY OF STATE USE ONLY

[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: [signature] Date: 2/10/12

Michael Rosenberg, D.O.
Print or Type Name

[redacted]

Title: [signature]

73254-22-726962

Form 630 Rev. 08/08