



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 5491		2. Exact name of the Corporation CUMBERLAND PEDIATRICS, INC.			
3. Principal office address 132 OLD RIVER ROAD SUITE 107			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-334-3388			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LOUIS A. COLANTONIO, M.D.			Vice-President Name NONE		
Street Address 52 ARNOLD DRIVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name LOUIS A. COLANTONIO, M.D.			Treasurer Name LOUIS A. COLANTONIO, M.D.		
Street Address 50 ARNOLD DRIVE			Street Address 50 ARNOLD DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LOUIS A. COLANTONIO, M.D.			Director Name		
Street Address 50 ARNOLD DRIVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			800	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.

FILED

File Date **FEB 16 2012**
 Check No. **8800**
 By: _____
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.

Louis A. Colantonio, M.D. 02/10/2012
 Signature of Authorized Representative Date
LOUIS A. COLANTONIO, M.D.
 Print or Type Name of Authorized Representative