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.	2. Exact name of the Corporation
96283	**North Providence Pediatrics, Inc.**

3. Principal office address	City	State	Zip
1169 Mineral Spring Avenue	**North Providence**	**RI**	**02904**

4. Business Phone No.	5. State of Incorporation
(401) 725-3888	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
To render corporate services as physicians and surgeons specializing in the field of pediatric medicine and related specialities.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Doreen M. Ciancaglini	**1169 Mineral Spring Avenue**	**North Providence**	**RI**	**02904**

Vice-President Name	Street Address	City	State	Zip
VACANT				

Secretary Name	Street Address	City	State	Zip
Doreen M. Ciancaglini	**1169 Mineral Spring Avenue**	**North Providence**	**RI**	**02904**

Treasurer Name	Street Address	City	State	Zip
Doreen M. Ciancaglini	**1169 Mineral Spring Avenue**	**North Providence**	**RI**	**02904**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Doreen M. Ciancaglini	**1169 Mineral Spring Avenue**	**North Providence**	**RI**	**02904**
Director Name	Street Address	City	State	Zip
Director Name	Street Address	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par

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 23 2012
Check No
By: 2081

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.

Doreen Ciancaglini 2/10/12
Signature of Authorized Representative — Date

Doreen Ciancaglini, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012