



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. 267158		2. Exact name of the Corporation Medical Law Publishing, Inc.			
3. Principal office address 8 Tome Street			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 421-4747			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Publishing Medical Law Newsletters and all other legal business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name A. David Tammelleo			Vice-President Name A. David Tammelleo		
Street Address 8 Tome Street			Street Address 8 Tome Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name A. David Tammelleo			Treasurer Name A. David Tammelleo		
Street Address 8 Tome Street			Street Address 8 Tome Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920NA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	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
			100 Shares	Common	No Par

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date _____
 Check No _____
 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.

FILED

A. David Tammelleo 02/27/2012
 Signature of Authorized Representative Date

A. David Tammelleo President

Print or Type Name of Authorized Representative

FEB 27 2012

BY *c* 104704