



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. 116776		2. Name of Corporation ANDREW P. NEUHAUSER, M.D., INC.			
3. Street Address Principal Business Office 45 EAST AVENUE			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-1905		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER MEDICAL SERVICES SPECIALIZING IN OBSTETRICS AND GYNECOLOGY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANDREW P. NEUHAUSER, M.D.			Vice President Name NONE		
Street Address 45 EAST AVENUE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name ANDREW P. NEUHAUSER, M.D.			Treasurer Name ANDREW P. NEUHAUSER, M.D.		
Street Address 45 EAST AVENUE			Street Address 45 EAST AVENUE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANDREW P. NEUHAUSER, M.D.			Director Name		
Street Address 45 EAST AVENUE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	\$1.00	500	COMMON	\$1.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAR 16 AM 11:57

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: Andrew P. Neuhauser
 FOR SECRETARY OF STATE USE ONLY

FILED 1157
 MAR 16 2012
 116776

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: Andrew P. Neuhauser Date: 3/11/2012
 ANDREW P. NEUHAUSER, M.D.
 Print or Type Name
 PRESIDENT
 Title