



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. 11972		2. Name of Corporation J.M. Monchik, M.D., Inc.	
3. Street Address Principal Business Office 154 Waterman Street		City Providence	State RI
		Zip 02906	
4. Business Phone No. 401-273-2450		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Rendering professional medical services			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name J.M. Monchik, M.D.		Vice President Name Keith Monchik	
Street Address 154 Waterman Street		Street Address 154 Waterman Street	
City Providence	State RI	City Providence	State RI
		Zip 02906	
Secretary Name J.M. Monchik, M.D.		Treasurer Name J.M. Monchik, M.D.	
Street Address 154 Waterman Street		Street Address 154 Waterman Street	
City Providence	State RI	City Providence	State RI
		Zip 02906	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name J.M. Monchik, M.D.		Director Name	
Street Address 154 Waterman Street		Street Address	
City Providence	State RI	City	State
		Zip	
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000	Common	\$1.00 Par Value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
0	Common		

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 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.

**FILED**

MAR 21 2012 1245

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: Jack M. Monchik Date: 1/23/2012

Print or Type Name: Jack M. Monchik, M.D.

Title: President

Title: \_\_\_\_\_

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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