



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

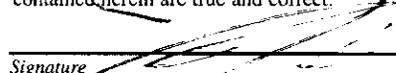
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

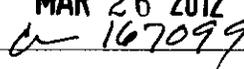
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 103185		2. Name of Corporation Leah F. Adams, M.D., Inc.		
3. Street Address Principal Business Office 310 Maple Avenue, Suite 105			City Barrington	State Rhode Island
4. Business Phone No. (401) 245-5555		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To provide medical services.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Leah F. Adams, M.D.		Vice President Name Leah F. Adams		
Street Address 310 Maple Avenue, Suite 105		Street Address 310 Maple Avenue, Suite 105		
City Barrington	State RI	Zip 02806	City Barrington	State RI
Secretary Name Leah F. Adams, M.D.		Treasurer Name Leah F. Adams		
Street Address 310 Maple Avenue, Suite 105		Street Address 310 Maple Avenue, Suite 105		
City Barrington	State RI	Zip 02806	City Barrington	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Leah F. Adams, M.D.		Director Name		
Street Address 310 Maple Avenue, Suite 105		Street Address		
City Barrington	State RI	Zip 02806	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 10	Class/Series common	Par Value 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.

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  Date 3/2/12
 Leah F. Adams, M.D.
 Print or Type Name
 President
 Title

File Date **FILED** ⁿ
 Check No. MAR 26 2012
 By: 
 FOR SECRETARY OF STATE USE ONLY