



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. <b>12512</b>		2. Exact name of the Corporation <b>THOMAS L GREEN, D.O., LTD.</b>			
3. Principal office address <b>688 FRENCHTOWN ROAD</b>		City <b>EAST GREENWICH</b>		State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No. <b>401-885-5193</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN</b>					
President Name <b>THOMAS L GREEN</b>			Vice-President Name		
Street Address <b>688 FRENCHTOWN ROAD</b>			Street Address		
City <b>E GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>THOMAS L GREEN</b>			Treasurer Name <b>THOMAS L GREEN</b>		
Street Address <b>688 FRENCHTOWN ROAD</b>			Street Address <b>688 FRENCHTOWN ROAD</b>		
City <b>E GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>E GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>THOMAS L GREEN</b>			Director Name		
Street Address <b>688 FRENCHTOWN ROAD</b>			Street Address		
City <b>E GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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**

**APR 02 2012**

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.

*Thomas L Green* 4/2/12  
Signature of Authorized Representative Date

**THOMAS L GREEN, PRESIDENT**

Print or Type Name of Authorized Representative

*29-167871*