



**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>8174</b>		2. Exact name of the Corporation <b>JOSEPH R. DOTOLO MD INC</b>		
3. Principal office address <b>27 CRESTVIEW DR</b>		City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>596-2277</b>		5. State of Incorporation <b>R.I.</b>		
6. Brief description of the character of business conducted in Rhode Island <b>MEDICAL CARE</b>				

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT**

President Name <b>JOSEPH R. DOTOLO MD</b>			Vice-President Name <b>JOSEPH R. DOTOLO MD</b>		
Street Address <b>27 CRESTVIEW DR</b>			Street Address <b>27 CRESTVIEW DR</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>JOSEPH R. DOTOLO MD</b>			Treasurer Name <b>JOSEPH R. DOTOLO MD</b>		
Street Address <b>27 CRESTVIEW DR</b>			Street Address <b>27 CRESTVIEW DR</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT**

Director Name <b>JOSEPH R. DOTOLO MD</b>			Director Name <b>JOSEPH R. DOTOLO MD</b>		
Street Address <b>27 CRESTVIEW DR</b>			Street Address <b>27 CRESTVIEW DR</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>JOSEPH R. DOTOLO MD</b>			Director Name <b>JOSEPH R. DOTOLO MD</b>		
Street Address <b>27 CRESTVIEW DR</b>			Street Address <b>27 CRESTVIEW DR</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>

<b>9. SHARES AUTHORIZED</b>  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.	<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>80</b>	<b>NO COMMON</b>	<b>NO PAR VALUE</b>

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**

JUN 08 2012

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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.

*Joseph R. Dotolo* **6-6-12**  
 Signature of Authorized Representative Date

**JOSEPH R. DOTOLO MD**  
 Print or Type Name of Authorized Representative

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**