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. **268421**	2. Exact name of the Corporation **New England Pulmonary Medicine, Inc.**		
3. Principal office address **63 Eddie Dowling Highway**	City **N. Smithfield**	State **RI**	Zip **02896**
4. Business Phone No. **(401) 597-5622**	5. State of Incorporation **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island **The practice of pulmonary medicine**			

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

President Name **Fadi Al Bilbeisi, MD**			Vice-President Name		
Street Address **63 Eddie Dowling Highway**			Street Address		
City **N. Smithfield**	State **RI**	Zip **02896**	City	State	Zip
Secretary Name **Fadi Al Bilbeisi, MD**			Treasurer Name **Fadi Al Bilbeisi, MD**		
Street Address **63 Eddie Dowling Highway**			Street Address **63 Eddie Dowling Highway**		
City **N. Smithfield**	State **RI**	Zip **02896**	City **N. Smithfield**	State **RI**	Zip **02896**

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

Director Name **Fadi Al Bilbeisi, MD**			Director Name		
Street Address **63 Eddie Dowling Highway**			Street Address		
City **N. Smithfield**	State **RI**	Zip **02896**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐		
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	$.01

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 13 2012
BY 3253

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.

FBilbeisi 5/30/12
Signature of Authorized Representative Date

Fadi Al Bilbeisi, MD President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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