



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 **2013**

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. 14519		2. Exact name of the Corporation Petro Karanias, M.D., Ltd.			
3. Principal office address 100 Highland Avenue, Suite 303			City Providence	State RI	Zip 02906
4. Business Phone No. 401 272-1883			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island medical services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Petro Karanias, M.D.			Vice-President Name		
Street Address 100 Highland Ave, #303			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Petro Karanias, M.D.			Treasurer Name Petro Karanias, M.D.		
Street Address 100 Highland Ave., #303			Street Address 100 Highland Ave., #303		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) <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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		No Par

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 SECRETARY OF STATE
 CORPORATIONS DIV

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 **FILED C**

Check No **JAN 25 2013**
 By: **188444**
 FOR SECRETARY OF STATE USE ONLY

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.

Petro Karanias, M.D. 01/24/2013
 Signature of Authorized Representative Date
 Petro Karanias, M.D.
 Print or Type Name of Authorized Representative