



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

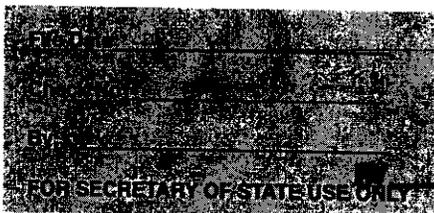
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 102203		2. Exact name of the Corporation Paul A. Akerman, M.D., Inc.			
3. Principal office address 33 Staniford Street			City Providence	State RI	Zip 02905
4. Business Phone No. 401-421-8800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the practice of Medicine					
7. PRESIDENT (NAME AND ADDRESS) (X: BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul A. Akerman, M.D.			Vice-President Name		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Paul A. Akerman, M.D.			Treasurer Name Paul A. Akerman, M.D.		
Street Address 33 Staniford Street			Street Address 33 Staniford Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X: BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Paul A. Akerman, M.D.			Director Name		
Street Address 33 Staniford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.			10. SHARES ISSUED (X: BOX FOR ATTACHMENT) <input type="checkbox"/>		
			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.



FILED
 FEB 06 2013
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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.

Paul A. Akerman
 Signature of Authorized Representative
 Date **01/25/13**

Paul A. Akerman, M.D.
 Print or Type Name of Authorized Representative