



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. 137223		2. Exact name of the Corporation SMITH INTERNAL MEDICINE GROUP, LTD.								
3. Principal office address 909 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02904						
4. Business Phone No. 521-4482		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island PRACTICE OF INTERNAL MEDICINE										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
President Name JEAN F. SMITH			Vice-President Name NONE							
Street Address 909 NORTH MAIN STREET			Street Address							
City PROVIDENCE	State RI	Zip 02904	City	State	Zip					
Secretary Name W. TYLER SMITH			Treasurer Name W. TYLER SMITH							
Street Address 909 NORTH MAIN STREET			Street Address 909 NORTH MAIN STREET							
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name W. TYLER SMITH			Director Name JEAN F. SMITH							
Street Address 909 NORTH MAIN STREET			Street Address 909 NORTH MAIN STREET							
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904					
Director Name NONE			Director Name None							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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		
						200	Common	No Par Value		

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

File Date _____

Check No _____

By: _____ BY _____

FEB 06 2013

3440

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.

Jean F. Smith MD 1/29/13
 Signature of Authorized Representative _____ Date _____

JEAN F. SMITH, President

Print or Type Name of Authorized Representative