



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 102819		2. Name of Corporation P.R.I.M.A. Inc.			
3. Street Address Principal Business Office 2178 Mendon Road Suite 100			City Cumberland	State Rhode Island	Zip 02864
4. Business Phone No. 401-333-5201		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide pediatric and adolescent medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name E. James Monti, Jr., M.D.			Vice President Name E. James Monti, Jr., M.D.		
Street Address 108 Thomas Leighton Boulevard			Street Address 108 Thomas Leighton Boulevard		
City Cumberland	State Rhode Island	Zip 02864	City Cumberland	State Rhode Island	Zip 02864
Secretary Name E. James Monti, Jr., M.D.			Treasurer Name E. James Monti, Jr., M.D.		
Street Address 108 Thomas Leighton Boulevard			Street Address 108 Thomas Leighton Boulevard		
City Cumberland	State RI	Zip 02864	City Cumberland	State Rhode Island	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name E. James Monti, Jr., M.D.			Director Name Carol A. O'Shea, MD		
Street Address 108 Thomas Leighton Boulevard			Street Address 2178 Mendon Road, Ste 100		
City Cumberland	State Rhode Island	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Maria Z. Starakiewicz, MD			Director Name		
Street Address 2178 Mendon Road, Ste 100			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 no par value			100	common	without 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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_ **BY**

FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 08 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.

Signature  
E. James Monti, Jr., M.D.

Print or Type Name

President

Title

1/17/13  
Date