



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. 19997 | | 2. Name of Corporation Rhode Island Precision, Co. | | | |
| 3. Street Address Principal Business Office 25 Dorr Street | | | City Providence | State Rhode Island | Zip 02908 |
| 4. Business Phone No. 401-421-6661 | | 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 Keith Hartley | | | Vice President Name Deena Hartley | | |
| Street Address 6 Woodlake Drive | | | Street Address 6 Woodlake Drive | | |
| City Johnston | State Rhode Island | Zip 02919 | City Johnston | State Rhode Island | Zip 02919 |
| Secretary Name Deena Hartley | | | Treasurer Name Keith Hartley | | |
| Street Address 6 Woodlake Drive | | | Street Address 6 Woodlake Drive | | |
| City Johnston | State RI | Zip 02919 | City Johnston | State Rhode Island | Zip 02919 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Keith Hartley | | | Director Name Deena Hartley | | |
| Street Address 6 Woodlake Drive | | | Street Address 6 Woodlake Drive | | |
| City Johnston | State Rhode Island | Zip 02919 | City Johnston | State Rhode Island | Zip 02919 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 common no par value | | | 200 | 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.

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.

Keith Hartley 1/17/13
Signature Date

Keith Hartley

Print or Type Name

President

Title

FILED

FEB 08 2013

12041

File Date _____

Check No. _____

By: _____

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