RI SOS Filing Number: 201311444600 Date: 02/13/2013 12:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000293078

2. Name of Corporation Medical Services of Rhode Island, Inc.

3. Street Address Principal Business Office:

No. and Street: P.O. BOX 639
City or Town: MORRISVILLE State: NC Zip: 27560 Country: US

4. Business Phone No.

415-435-4591

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

TO CONTRACT WITH HOSPITALS AND OTHER HEALTHCARE PROVIDERS FOR THE PROVISION OF DOCTORS AND PERSONNEL FOR EMERGENCY ROOMS AND OTHER DEPARTMENTS OF SAID PROVIDERS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	ERIC C HEDEN	39 MAIN STREET, PO BOX 156 TIBURON, CA 94920 US
CEO	THOMAS ZGURIS	39 MAIN STREET TIBURON, CA 94920 US
CFO	JENNIFER MOORE	36 MAIN STREET TIBURON, CA 94920 US

0-7185-0

DIRECTOR	SERGE MARTIAL	39 MAIN ST. TIBURON, CA 94920 USA
DIRECTOR	JEFFREY RAPPAPORT	39 MAIN STREET TIBURON, CA 94920 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.0000	10,000.00	1000

9. 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.

Signed this 13 Day of February, 2013 at 12:04:53 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT AMARANTE
Signature of Authorized Representative of the Corporation

TAX MANAGER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07