



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. 71852 | | 2. Exact name of the Corporation NEWPORT EMERGENCY PHYSICIANS, INC. | | | |
| 3. Principal office address 11 Friendship Street | | | City Newport | State RI | Zip 02840 |
| 4. Business Phone No. (401) 845-1594 | | 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Glenn A. Hebel, M.D. | | | Vice-President Name Charles Stengel, M.D. | | |
| Street Address 11 Friendship Street | | | Street Address 11 Friendship Street | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | Zip 02840 |
| Secretary Name Glenn A. Hebel, M.D. | | | Treasurer Name Glenn A. Hebel, M.D. | | |
| Street Address 11 Friendship Street | | | Street Address 11 Friendship Street | | |
| City Newport | State RI | Zip 02850 | City Newport | State RI | Zip 02840 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Glenn A. Hebel, M.D. | | | Director Name John T. Jackson, PA-C | | |
| Street Address 11 Friendship Street | | | Street Address 11 Friendship Street | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | Zip 02840 |
| Director Name Charles Stengel, M.D. | | | Director Name James Gleason, M.D. | | |
| Street Address 11 Friendship Street | | | Street Address 11 Friendship Street | | |
| City Newport | State RI | Zip 02840 | City Newport | State RI | Zip 02840 |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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 |
| | | | 100 | Common | No Par |
| | | | | | |

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 _____ **FEB 14 2013**

By: _____

FOR SECRETARY OF STATE USE ONLY *mme*

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.

Glenn Hebel

2/12/13

Signature of Authorized Representative

Date

Glenn A. Hebel, M.D., President

Print or Type Name of Authorized Representative

CR # 4288