



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. 71002		2. Exact name of the Corporation DENIS E. MOONAN, M.D., INC.			
3. Principal office address 1515 Smith Street, Unit N			City North Providence	State RI	Zip 02911
4. Business Phone No. (401)353-0555			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Rendering professional services as physicians and surgeons.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Denis E. Moonan, M.D.			Vice-President Name Vacant		
Street Address 1515 Smith Street, Unit N			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Secretary Name Denis E. Moonan, M.D.			Treasurer Name Denis E. Moonan, M.D.		
Street Address 1515 Smith Street, Unit N			Street Address 1515 Smith Street, Unit N		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			10 Shares	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.

File Date

FEB 20 2013

Check No

By:

BY 73666

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 of Authorized Representative

Date

Denis E. Moonan, M.D.

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY