

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.

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Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 1. Entity ID No. 2. Exact name of the Corporation

8854	Medic	Medical-Dental Consultants, Inc.				
3. Principal office address 35 Sockanosset Crossroad			City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-943-2200			5. State of Incorpora	1		
 Brief description of the chara Management consultir 		s conducted in Rhode Islan	nd			
	The state of		· Park to the state of the stat		. 1	
President Name Harold A. Nelson			Vice-President Name Joseph T. Buco			
Street Address 85 Shaw Drive			Street Address 66 Paddock Drive			
city North Scituate	State RI	Zip 02857	City State RI		Zip 02886	
Secretary Name Steven Fleming			Treasurer Name Gordon A. Neison			
Street Address 54 Edmonas Circle			Street Address 14 Eric Court			
_{itv} Whitinsville	State MA	Zip .01588	City Cranston	State RI	Zip 02921	
LIST ALL DIRECTORS (NAI	MES AND ADO	RESSES) ("X" BOX FOR	ATTACHMENT) /			
Director Name Steven Fleming			Director Name Harold A. Nelson			
reet Address 54 Edmonds Circ	cle		Street Address 85 Shaw Drive			
w Whitinsville	State MA	Zip 01588	City North Scituate	State RI	Zip 02857	
Director Name Joseph T. Buco			Director Name Gordon A. Nelson			
treet Address 66 Paddock Drive			Street Address 14 Eric Court			
_{ty} Varwick	State RI	Zip 02886	City Cranston	State RI	Zip 02921	
SHARES AUTHORIZED	t si Murriagan			TEREOTEORATIAG		
nis information is currently of record in the Office of the Secretary			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
State. Changes require an additional filing, e Section 9 of instruction sheet.		1000	COMMON	NO PAR		
his report must be executed on	n behalf of the o	corporation by an authorize	d representative. If the of the corporation by the re	Corporation is in the hands	of a receiver or truste	



FEB 2 1 2013

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

1/2013

Harold A. Nelson, President

Form No. 630 Revised: 01/2012 Print or Type Name of Authorized Representative

ADDITIONAL DIRECTOR

Gregory S. Allin 128 Silverwood Lane West Warwick, RI 02893

FILED

FEB 2 1 2013

BY ID 8854

ADDITIONAL OFFICER

Gregory S. Allin 128 Silverwood Lane West Warwick, RI 02893

FILED

FEB 2 1 2013

N ID 8854