



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

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 109795		2. Exact name of the Corporation NORTHERN RHODE ISLAND PEDIATRICS, INC.			
3. Principal office address 2140 Mendon Road, Suite 201			City Cumberland	State RI	Zip 02864-0000
4. Business Phone No.			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island to engage in the practice of pediatric medicine					
President Name Lynn M. Smith, M.D.			Vice-President Name Pasquale Malafronte, M.D.		
Street Address 2140 Mendon Road, Suite 201			Street Address 2140 Mendon Road, Suite 201		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-
Secretary Name Pasquale Malafronte, M.D.			Treasurer Name Lynn M. Smith, M.D.		
Street Address 2140 Mendon Road, Suite 201			Street Address 2140 Mendon Road, Suite 201		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-
Director Name Lynn M. Smith, M.D.			Director Name Pasquale Malafronte, M.D.		
Street Address 2140 Mendon Road, Suite 201			Street Address 2140 Mendon Road, Suite 201		
City Cumberland	State RI	Zip 02864-	City Cumberland	State RI	Zip 02864-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
			200	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

MAR 21 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] 1/07/2013
 Signature of Authorized Representative Date
 Lynn M. Smith, M.D.

Print or Type Name of Authorized Representative
 President