



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. 489614		2. Exact name of the Corporation Robert A. Indegli M.D., Ph.D., Inc.			
3. Principal office address 300 Centerville Road, Suite 320 East			City Warwick,	State RI	Zip 02886
4. Business Phone No. 401-486-9240			5. State of Incorporation Rhode isInd		
6. Brief description of the character of business conducted in Rhode Island Medicine					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert A. Indegli			Vice-President Name Robert A. Indegli		
Street Address 300 Centerville Road, Suite 320 East			Street Address 300 Centerville Road, Suite 320 East		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Robert A. Indegli			Treasurer Name Robert A. Indegli		
Street Address 300 Centerville Raod, Suite 320 East			Street Address 300 Centerville Road, Suite 320 East		
City Warwick	State RI	Zip 02886	City Warwick,	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert A. Indegli			Director Name		
Street Address 300 Centerville Road, Suite 320 East			Street Address		
City Warwick	State RI	Zip 02886	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
			100		

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 _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

033 FILED
MAR 27 2013
 By 02193676

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] **03/25/2013**
 Signature of Authorized Representative Date
Robert A. Indegli
 Print or Type Name of Authorized Representative