



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. <u>13406</u>		2. Exact name of the Corporation <u>GYNOB, INCORPORATED</u>			
3. Principal office address <u>2213 MENDON RD</u>		City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	
4. Business Phone No. <u>401-765-1188</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief description of the character of business conducted in Rhode Island <u>PROFESSIONAL SERVICE CORPORATION, MEDICAL OFFICE</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>WAGIH F. HANNA, M.D.</u>			Vice-President Name <u>NONE</u>		
Street Address <u>2213 MENDON RD</u>			Street Address		
City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	Zip
Secretary Name <u>WAGIH F. HANNA, M.D.</u>			Treasurer Name <u>WAGIH F. HANNA, M.D.</u>		
Street Address <u>2213 MENDON RD.</u>			Street Address <u>2213 MENDON RD.</u>		
City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>WAGIH F. HANNA, M.D.</u>			Director Name <u>NONE</u>		
Street Address <u>2213 MENDON RD.</u>			Street Address		
City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <u>600 \$1.00 par value</u>					
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	
<u>150</u>		<u>COMMON</u>			

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: \_\_\_\_\_

FILED

FOR SECRETARY OF STATE USE ON MAR 27 2013

Form No. 630  
Revised: 01/2012

BY 1192

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.

WAGIH F. HANNA, M.D. 03/21/2013  
Signature of Authorized Representative Date

WAGIH F. HANNA, M.D. President  
Print or Type Name of Authorized Representative