



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

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**

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.

W. Hanna, M.D. 03/21/2013
 Signature of Authorized Representative Date

WAGIH F. HANNA, M.D. President

Print or Type Name of Authorized Representative

BY 1192