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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.	2. Exact name of the Corporation
560178	United Hospitalist and Intensivist Group, Inc.

3. Principal office address	City	State	Zip
25 John A. Cummings Way, 3rd Fl., Box 3	Woonsocket	RI	02895

4. Business Phone No.	5. State of Incorporation
(401) 766-0066	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Practicing jointly as an inpatient hospitalist and intensivist medicine group

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Fadi Al Bilbeisi, MD	7 Lincoln Meadows Avenue	Lincoln	RI	02865

Vice-President Name	Street Address	City	State	Zip
Mohammad Khamiees, MD	36 Massand Road	N. Attleboro	MA	02760

Secretary Name	Street Address	City	State	Zip
Fadi Al Bilbeisi, MD	7 Lincoln Meadows Avenue	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Mohammad Khamiees, MD	36 Massand Road	N. Attleboro	MA	02760

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Fadi Al Bilbeisi, MD	7 Lincoln Meadows Avenue	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Mohammad Khamiees, MD	36 Massand Road	N. Attleboro	MA	02760

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	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.

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.

Fadi Bilbeisi — 6/4/13
Signature of Authorized Representative — Date

Fadi Al Bilbeisi, MD
~~Print~~ or Type Name of Authorized Representative

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 07 2013
BY 1238

Form No. 630
Revised: 01/2012

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