



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Professional Corporation  
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2013

**1. Corporate ID No.** 000517677

**2. Name of Corporation** J. Arias Medical Corporation

**3. Street Address Principal Business Office:**

No. and Street: 213 DOYLE AVENUE  
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**4. Business Phone No.**

4013542383

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MEDICAL DOCTOR

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSE RAMIRO ARIAS-VERA	213 DOYLE AVE. PROVIDENCE, RI 02906 USA
TREASURER	JOSE RAMIRO ARIAS-VERA	213 DOYLE AVE. PROVIDENCE, RI 02906 USA
SECRETARY	JOSE RAMIRO ARIAS-VERA	213 DOYLE AVE. PROVIDENCE, RI 02906 USA
VICE PRESIDENT	JOSE RAMIRO ARIAS-VERA	213 DOYLE AVE. PROVIDENCE, RI 02906 USA

OTHER OFFICER	JOSE ARIAS-VERA	213 DOYLE AVENUE PROVIDENCE, RI 02906 UNI
OTHER OFFICER	JOSE ARIAS-VERA	213 DOYLE AVENUE PROVIDENCE, RI 02906 UNI

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	600.00	100

**9. 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.**

**Signed this 12 Day of June, 2013 at 4:24:14 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOSE ARIAS-VERA  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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