



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 2011**

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. <b>000066137</b>		2. Exact name of the Corporation <b>MICHAEL J. HAYDEN, D.O., INC.</b>	
3. Principal office address <b>712 Oaklawn Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02920</b>	
4. Business Phone No. <b>401-942-2320</b>		5. State of Incorporation <b>Rhode Island</b>	
6. Brief description of the character of business conducted in Rhode Island <b>To engage in the practice of medicine and in any and all activities in connection therewith</b>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <b>Michael J. Hayden</b>		Vice-President Name <b>Michael J. Hayden</b>	
Street Address <b>712 Oaklawn Avenue</b>		Street Address <b>712 Oaklawn Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>
		State <b>RI</b>	
		Zip <b>02920</b>	
Secretary Name <b>Michael J. Hayden</b>		Treasurer Name <b>Michael J. Hayden</b>	
Street Address <b>712 Oaklawn Avenue</b>		Street Address <b>712 Oaklawn Avenue</b>	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>
		State <b>RI</b>	
		Zip <b>02920</b>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
		Zip	
<b>9. SHARES AUTHORIZED</b>			
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.			
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
1,000		STK	0

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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**

**JUN 20 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.

*Michael J. Hayden* 4/30/13  
Signature of Authorized Representative Date

**Michael J. Hayden**

Print or Type Name of Authorized Representative

BY *[Signature]*  
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