



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 2009

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

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 CORPORATIONS DIV
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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 21 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 *JMD*
 29-199976