



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 1998

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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 SECRETARY OF STATE
 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: _____
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] **4/20/13**
 Signature of Authorized Representative Date

Michael J. Hayden

Print or Type Name of Authorized Representative

BY *[Signature]*
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