



**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.** 000010483

**2. Name of Corporation** ELIA SHAMMAS M.D., INC.

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

No. and Street: 1 RANDALL SQUARE, S 302

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

**4. Business Phone No.**

4014748084

**5. State of Incorporation**

State: RI

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

PSYCHIATRIC PRACTICE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**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	ELIA SHAMMAS MD	ONE RANDALL SQUARE S-302 PROVIDENCE, RI 02904 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized	Total Issued and Outstanding
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			Shares Number of Shares	Num of Shares
CNP		\$0.0000	500.00	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 26 Day of July, 2013 at 12:18:35 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 ELIA SHAMMAS

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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