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 2013

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. **12512**	2. Exact name of the Corporation **THOMAS L GREEN, D.O., LTD.**

3. Principal office address	City	State	Zip
688 FRENCHTOWN ROAD	EAST GREENWICH	RI	02818

4. Business Phone No.	5. State of Incorporation
401-885-5193	RI

6. Brief description of the character of business conducted in Rhode Island
RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN

President Name	Vice-President Name
THOMAS L GREEN	
Street Address: 688 FRENCHTOWN ROAD	Street Address:
City: E GREENWICH, State: RI, Zip: 02818	City: , State: , Zip:
Secretary Name: THOMAS L GREEN	Treasurer Name: THOMAS L GREEN
Street Address: 688 FRENCHTOWN ROAD	Street Address: 688 FRENCHTOWN ROAD
City: E GREENWICH, State: RI, Zip: 02818	City: E GREENWICH, State: RI, Zip: 02818

Director Name	Director Name
THOMAS L GREEN	
Street Address: 688 FRENCHTOWN ROAD	Street Address:
City: E GREENWICH, State: RI, Zip: 02818	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

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
100	COMMON	NO PAR

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.

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 of Authorized Representative — Date: 7/29/13

THOMAS L GREEN, PRESIDENT
Print or Type Name of Authorized Representative

[redacted]LED
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By 203068
A.A

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Form No. 630
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