



**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 2014**

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>000485480</b>		2. Exact name of the Corporation <b>Dennis J. Hart, DPM, PC</b>												
3. Principal office address <b>301 Mendon Road</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>									
4. Business Phone No. <b>401-769-5011</b>			5. State of Incorporation <b>Rhode Island</b>											
6. Brief description of the character of business conducted in Rhode Island <b>Medical Services</b>														
<b>President Name</b> <b>Dennis J. Hart, DPM</b>														
<b>Vice-President Name</b>														
<b>Street Address</b> <b>301 Mendon Road</b>														
<b>City</b> <b>Woonsocket</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02895</b>	<b>City</b> <b>Woonsocket</b>										
<b>Secretary Name</b> <b>Dennis J. Hart, DPM</b>														
<b>Treasurer Name</b> <b>Dennis J. Hart, DPM</b>														
<b>Street Address</b> <b>301 Mendon Road</b>														
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<b>Director Name</b> <b>Dennis J. Hart, DPM</b>														
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<b>Director Name</b>														
<b>Street Address</b>														
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<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>														
<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>common</td><td>100</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	100			
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100	common	100												

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

**Dennis J. Hart, DPM**

Print or Type Name of Authorized Representative