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.	2. Exact name of the Corporation
000485480	Dennis J. Hart, DPM, PC

3. Principal office address	City	State	Zip
301 Mendon Road	Woonsocket	RI	02895

4. Business Phone No.	5. State of Incorporation
401-769-5011	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Medical Services

President Name	Vice-President Name
Dennis J. Hart, DPM	
Street Address: 301 Mendon Road	Street Address:
City: Woonsocket / State: RI / Zip: 02895	City: / State: / Zip:
Secretary Name: Dennis J. Hart, DPM	Treasurer Name: Dennis J. Hart, DPM
Street Address: 301 Mendon Road	Street Address: 301 Mendon Road
City: Woonsocket / State: RI / Zip: 02895	City: Woonsocket / State: RI / Zip: 02895

Director Name	Director Name
Dennis J. Hart, DPM	
Street Address: 301 Mendon Road	Street Address:
City: Woonsocket / State: RI / Zip: 02895	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	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.

[redacted]

FILED
DEC 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 of Authorized Representative — Date: 12-20-13

Dennis J. Hart, DPM
Print or Type Name of Authorized Representative

3555

Form No. 630
Revised: 01/2012