

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: 2014

1. Corporate ID No. 000102932

2. Name of Corporation A.W.C.R.I. Medical Group, Inc.

3. Street Address Principal Business Office:

No. and Street: 407 EAST AVENUE, SUITE 150

City or Town: PAWTUCKET State: RI Zip: 02860-5299 Country: USA

4. Business Phone No.

401-727-4800

5. State of Incorporation

State: RI

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

THE PROVISION OF HEALTH CARE BY LICENSED PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS TO PATIENTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	PABLO RODRIGUEZ MD	407 EAST AVENUE, SUITE 150 PAWTUCKET, , RI 02860 USA	
TREASURER	DEBRA L. GOLDMAN MD	407 EAST AVE., STE. 150 PAWTUCKET, RI 02860 USA	
SECRETARY	PABLO RODRIGUEZ MD	407 EAST AVENUE, SUITE 150 PAWTUCKET,, RI 02860 USA	
VICE PRESIDENT	CARROLL A. MEDEIROS MD	407 EAST AVE., STE. 150	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$0.0100	4,000.00	1845

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 14 Day of January, 2014 at 1:08:10 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 PABLO RODRIGUEZ

Signature of Authorized Representative of the Corporation

PRESIDENT / CEO

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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