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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
147151	David A. Carcieri, M.D., Inc.

3. Principal office address	City	State	Zip
1637 Mineral Spring Avenue, Suite 211	North Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
401-884-2396	Rhode Island

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

To engage in the practice of medicine.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
David A. Carcieri, M.D.	
Street Address	**Street Address**
1637 Mineral Spring Avenue, Suite 211	
City: North Providence; State: RI; Zip: 02904	City; State; Zip
Secretary Name	**Treasurer Name**
David A. Carcieri, M.D.	David A. Carcieri, M.D.
Street Address	**Street Address**
1637 Mineral Spring Avenue, Suite 211	1637 Mineral Spring Avenue, Suite 211
City: North Providence; State: RI; Zip: 02904	City: North Providence; State: RI; Zip: 02904

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
David A. Carcieri, M.D.	
Street Address	**Street Address**
1637 Mineral Spring Avenue, Suite 211	
City: North Providence; State: RI; Zip: 02904	City; State; Zip
Director Name	**Director Name**
Street Address	**Street Address**
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	Common	$1.00

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 28 2014
BY 1163

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: 2/24/14

David A. Carcieri, M.D.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103451-31-950487