RI SOS Filing Number: 201436780940 Date: 03/04/2014 4:00 PM

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
522127	Foundry Sports Medicine & Fitness Inc.

3. Principal office address	City	State	Zip
285 Promenade Street	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation
401-459-4008	Rhode Island

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

To provide medical services.

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

President Name	Street Address	City	State	Zip
Lawrence Lee, M.D.	285 Promenade Street	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
Anthony DeLuise, M.D.	285 Promenade Street	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Philippe Cote, M.D.	285 Promenade Street	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Kenneth Furcolo, PA-C	285 Promenade Street	Providence	RI	02908

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

Director Name	Street Address	City	State	Zip
Lawrence Lee, M.D.	285 Promenade Street	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Anthony DeLuise, M.D.	285 Promenade Street	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Philippe Cote, M.D.	285 Promenade Street	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Kenneth Furcolo, PA-C	285 Promenade Street	Providence	RI	02908

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	Common	$0.01

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
MAR 04 2014
BY 2907

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.

Lawrence Lee 2/26/14
Signature of Authorized Representative Date

Lawrence Lee, M.D.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

103593-41-950686