



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>485563</b>		2. Exact name of the Corporation <b>Marc Weinberg M.D. Personal Healthcare, Ltd.</b>			
3. Principal office address <b>Moshassuck Medical Ctr., One Randall Sq., Suite 304</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No. <b>(401) 228-4444</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Medical</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Marc S. Weinberg, M.D.</b>		Vice-President Name			
Street Address <b>Moshassuck Medical Ctr., One Randall Sq., Suite 304</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name <b>Marc S. Weinberg, M.D.</b>		Treasurer Name <b>Marc S. Weinberg, M.D.</b>			
Street Address <b>Moshassuck Medical Ctr., One Randall Sq., Suite 304</b>		Street Address <b>Moshassuck Medical Ctr., One Randall Sq., Suite 304</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Marc S. Weinberg, M.D.</b>		Director Name			
Street Address <b>Moshassuck Medical Ctr., One Randall Sq., Suite 304</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
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	No par value

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

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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

**Marc S. Weinberg, M.D., President**

Print or Type Name of Authorized Representative