



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>132031</b>		2. Exact name of the Corporation <b>Amir Alizadeh M. D., Inc.</b>	
3. Principal office address <b>One Foster Way</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
4. Business Phone No.		5. State of Incorporation <b>Rhode Island</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Rendering professional services as a physician</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Amir Alizadeh</b>		Vice-President Name <b>Amir Alizadeh</b>	
Street Address <b>One Foster Way</b>		Street Address <b>One Foster Way</b>	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>
			State <b>RI</b>
			Zip <b>02818</b>
Secretary Name <b>Amir Alizadeh</b>		Treasurer Name <b>Amir Alizadeh</b>	
Street Address <b>One Foster Way</b>		Street Address <b>One Foster Way</b>	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>
			State <b>RI</b>
			Zip <b>02818</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Amir Alizadeh</b>		Director Name	
Street Address <b>One Foster Way</b>		Street Address	
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	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) <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
		100	Common
			No Par
		PAR VALUE	

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 CORPORATIONS DIV  
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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: \_\_\_\_\_

**FILED**

MAR 19 2014

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 Dr. Amir Alizadeh Date 3/14/14

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

BY CU 220298