



**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.<br><b>94429</b>                                                                                                                                |                    | 2. Exact name of the Corporation<br><b>Michael E. Migliori, MD, LTD.</b> |                                                                            |                    |                     |
| 3. Principal office address<br><b>120 Dudley Street</b>                                                                                                         |                    |                                                                          | City<br><b>Providence</b>                                                  | State<br><b>RI</b> | Zip<br><b>02905</b> |
| 4. Business Phone No.<br><b>(401) 274-5844 6622</b>                                                                                                             |                    |                                                                          | 5. State of Incorporation<br><b>Rhode Island</b>                           |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in and render professional services as a physician and surgeon.</b> |                    |                                                                          |                                                                            |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                             |                    |                                                                          |                                                                            |                    |                     |
| President Name<br><b>Michael E. Migliori, M.D., FACS</b>                                                                                                        |                    |                                                                          | Vice-President Name<br><b>Michael E. Migliori, M.D., FACS</b>              |                    |                     |
| Street Address<br><b>120 Dudley Street</b>                                                                                                                      |                    |                                                                          | Street Address<br><b>120 Dudley Street</b>                                 |                    |                     |
| City<br><b>Providence</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02905</b>                                                      | City<br><b>Providence</b>                                                  | State<br><b>RI</b> | Zip<br><b>02905</b> |
| Secretary Name<br><b>Michael E. Migliori, M.D., FACS</b>                                                                                                        |                    |                                                                          | Treasurer Name<br><b>Michael E. Migliori, M.D., FACS</b>                   |                    |                     |
| Street Address<br><b>120 Dudley Street</b>                                                                                                                      |                    |                                                                          | Street Address<br><b>120 Dudley Street</b>                                 |                    |                     |
| City<br><b>Providence</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02905</b>                                                      | City<br><b>Providence</b>                                                  | State<br><b>RI</b> | Zip<br><b>02905</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>                                                            |                    |                                                                          |                                                                            |                    |                     |
| Director Name<br><b>Michael E. Migliori, M.D., FACS</b>                                                                                                         |                    |                                                                          | Director Name                                                              |                    |                     |
| Street Address<br><b>120 Dudley Street</b>                                                                                                                      |                    |                                                                          | Street Address                                                             |                    |                     |
| City<br><b>Providence</b>                                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02905</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) <input type="checkbox"/></b> |                    |                     |
| 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.

**FILED**

**MAY 07 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.

File Date

Check No

By:

**5636 + 8147**

Signature of Authorized Representative

Date

**4/24/14**

**FOR SECRETARY OF STATE USE ONLY**

**Michael E. Migliori, M.D., FACS**

Print or Type Name of Authorized Representative