



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.

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|---|--------------------|--|--|--------------------|---------------------|
| 1. Entity ID No. 94429 | | 2. Exact name of the Corporation Michael E. Migliori, MD, LTD. | | | |
| 3. Principal office address 120 Dudley Street | | | City Providence | State RI | Zip 02905 |
| 4. Business Phone No. (401) 274-5844 6622 | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island To engage in and render professional services as a physician and surgeon. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Michael E. Migliori, M.D., FACS | | | Vice-President Name Michael E. Migliori, M.D., FACS | | |
| Street Address 120 Dudley Street | | | Street Address 120 Dudley Street | | |
| City Providence | State RI | Zip 02905 | City Providence | State RI | Zip 02905 |
| Secretary Name Michael E. Migliori, M.D., FACS | | | Treasurer Name Michael E. Migliori, M.D., FACS | | |
| Street Address 120 Dudley Street | | | Street Address 120 Dudley Street | | |
| City Providence | State RI | Zip 02905 | City Providence | State RI | Zip 02905 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Michael E. Migliori, M.D., FACS | | | Director Name | | |
| Street Address 120 Dudley Street | | | Street Address | | |
| City Providence | State RI | Zip 02905 | 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 | 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

5/24/14

Michael E. Migliori, M.D., FACS

Print or Type Name of Authorized Representative

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