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. **14526**	2. Exact name of the Corporation **SRIPATHI A.S. KARANTH, M.D., INC.**			
3. Principal office address **20 CUMBERLAND HILL ROAD**		City **WOONSOCKET**	State **RI**	Zip **02895**
4. Business Phone No. **401-765-1750**		5. State of Incorporation **RI**		
6. Brief description of the character of business conducted in Rhode Island **RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN**				

President Name **SRIPATHI A.S. KARANTH**			Vice-President Name **SIRPATHI A.S. KARANTH**		
Street Address **20 CUMBERLAND HILL ROAD**			Street Address **20 CUMBERLAND HILL ROAD**		
City **WOONSOCKET**	State **RI**	Zip **02895**	City **WOONSOCKET**	State **RI**	Zip **02895**
Secretary Name **SRIPATHI A.S. KARANTH**			Treasurer Name **SRIPATHI A.S. KARANTH**		
Street Address **20 CUMBERLAND HILL ROAD**			Street Address **20 CUMBERLAND HILL ROAD**		
City **WOONSOCKET**	State **RI**	Zip **02895**	City **WOONSOCKET**	State **RI**	Zip **02895**

Director Name **SRIPATHI A.S. KARANTH**			Director Name		
Street Address **20 CUMBERLAND HILL ROAD**			Street Address		
City **WOONSOCKET**	State **RI**	Zip **02895**	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**

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

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.

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.

[redacted]

FILED
JUL 18 2014
By 228 754
A.A.

[signature] 6/27/14
Signature of Authorized Representative — Date

SRIPATHI A.S. KARANTH, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

109374-2-977323