



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. 66465		2. Exact name of the Corporation DOUGLAS S FOREMAN, D.O., LTD			
3. Principal office address 1444 WARWICK AVENUE		City WARWICK		State RI	Zip 02888-5026
4. Business Phone No. 401-463-5750		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS PHYSICIANS CONCENTRATING IN FAMILY PRACTICE AND INCLUDING RELATED FIELDS					
President Name DOUGLAS S FOREMAN			Vice-President Name		
Street Address 1444 WARWICK AVENUE			Street Address		
City WARWICK	State RI	Zip 02888-5026	City	State	Zip
Secretary Name DOUGLAS S FOREMAN			Treasurer Name DOUGLAS S FOREMAN		
Street Address 1444 WARWICK AVENUE			Street Address 1444 WARWICK AVE		
City WARWICK	State RI	Zip 02888-5026	City WARWICK	State RI	Zip 02888-5026
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.

Doyle Foreman 7/7/2014
Signature of Authorized Representative Date

DOUGLAS S FOREMAN, PRESIDENT

Print or Type Name of Authorized Representative

FILED
JUL 18 2014
By 208754
A.A.