



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

AMENDED

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. 51296		2. Exact name of the Corporation RIVERSIDE PEDIATRICS, INC.			
3. Principal office address 50 Amaral Street		City East Providence	State RI	Zip 02914	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island PROVIDING PROFESSIONAL MEDICAL SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOSEPH B. SINGER			Vice-President Name RICHARD G. GRECO		
Street Address 44 Ogden Street			Street Address 262 Wilson Avenue		
City Providence	State RI	Zip 02906	City East Providence	State RI	Zip 02916
Secretary Name RICHARD G. GRECO			Treasurer Name PATRICIA LYNCH-GADALETA		
Street Address 262 Wilson Avenue			Street Address 10 Howard Avenue		
City East Providence	State RI	Zip 02916	City North Providence	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name RICHARD G. GRECO			Director Name JOSEPH B. SINGER		
Street Address 262 Wilson Avenue			Street Address 44 Ogden Street		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02906
Director Name PATRICIA LYNCH-GADALETA			Director Name		
Street Address 11 Howard Avenue			Street Address		
City North Providence	State RI	Zip 02911	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
			300	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

OCT 16 2014

BY ca 11:07

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

JOSEPH B. SINGER, PRESIDENT

Print or Type Name of Authorized Representative

Date

9-12-14



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

