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.**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 OCT 16 AM 11:07

1. Entity ID No.	2. Exact name of the Corporation		
51296	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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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

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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.

X Joseph B. Singer 9-12-14
Signature of Authorized Representative Date

JOSEPH B. SINGER, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012