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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 2015

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.	2. Exact name of the Corporation
86647	**William S. Buonanno, MD, Inc.**

3. Principal office address	City	State	Zip
35 Sockanosett Crossroad	**Cranston**	**RI**	**02920**

4. Business Phone No.	5. State of Incorporation
(401) 946-6622	**RI**

6. Brief description of the character of business conducted in Rhode Island
Medical Services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
William S. Buonanno	**35 Sockanosett Crossroad**	**Cranston**	**RI**	**02920**

Vice-President Name	Street Address	City	State	Zip
William S. Buonanno	**35 Sockanosett Crossroad**	**Cranston**	**RI**	**02920**

Secretary Name	Street Address	City	State	Zip
William S. Buonanno	**35 Sockanosett Crossroad**	**Cranston**	**RI**	**02920**

Treasurer Name	Street Address	City	State	Zip
William S. Buonanno	**35 Sockanosett Crossroad**	**Cranston**	**RI**	**02920**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
DEC 26 2014
12835

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 — Date 12/19/14

William S. Buonanno
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
115076-1-982669