



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. 793936		2. Exact name of the Corporation Dermatology Associates, Inc.			
3. Principal office address 1351 South County Trail, #3, Suite 302		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. 401-886-5663		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The practice of dermatology					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anita Pedvis-Leftick		Vice-President Name Anita Pedvis-Leftick			
Street Address 265 Post Road, Unit 12		Street Address same as above			
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Anita Pedvis-Leftick		Treasurer Name Anita Pedvis-Leftick			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Anita Pedvis-Leftick		Director Name			
Street Address same as above		Street Address			
City	State	Zip	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) <input type="checkbox"/>			
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	
		5000	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

JAN 26 2015

BY

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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

Anita Pedvis-Leftick

Print or Type Name of Authorized Representative

01/23/15
Date