

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services 148 W. River Street, Providence, Rhod / 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.

1. Entity ID No. 53168		2. Exact name of the Corporation EAST BAY PEDIATRIC & ADOLESCENT MEDICINE ASSOCIATES, INC.				
3. Principal office address 234 MAPLE AVENUE			City BARRINGTON	State RI	Zip 02806	
4. Business Phone No. (401) 247-1644			5. State of Incorporation Rhode Island			
6. Brief description of the character OPERATION OF MEI			d			
7. LIST <u>all</u> officers (N.	AMES AND ADDRE	SSES) ("X" BOX FOR A	TTACHMENT)			
President Name MARCOLINO FERRETTI			Vice-President Name JANE M. DENNISON			
Street Address 234 MAPLE AVENUE			Street Address 234 MAPLE AVENUE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806	
Secretary Name JANE M. DENNISON			Treasurer Name ANGELA GRENANDER			
Street Address 234 MAPLE AVENUE			Street Address 234 MAPLE AVENUE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON State RI		Zip 02806	
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDI	RESSES) ("X" BOX FOR	ATTACHMENT)		kaj Espiras ja ja neset	
Director Name JANE M. DENNISON			Director Name ANGELA GREN	ANDER		
Street Address 234 MAPLE AVENUE			Street Address 234 MAPLE AVENUE			
BARRINGTON	State RI	Zip 02806	City BARRINGTON State RI		Zip 02806	
Director Name MARCOLINO FERRE	:TTI		Director Name None			
Street Address 234 MAPLE AVENUE			Street Address		-	
City BARRINGTON	State RI	Zip 02806	City	State	Zip	
9. SHARES AUTHORIZED		The state of the s	10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)	
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		
		1000	Common	\$1.00 Par Value		
This report must be execute		orporation by an authorize t be executed on behalf of			ds of a receiver or trustee,	
File Date			this report, including		firm that I have examined schedules and statement are true and correct.	
Check No		FILED				
FOR SECRETARY OF STATE USE ONLY			Signature of Authorized Representative Date MARCOLINO FERRETTI, President			
	TE VOE UNLT	1411 29 201	<u> </u>	of Authorized Represen		
orm No. 630 levised: 01/2012	B	. 12151				