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
53168	EAST BAY PEDIATRIC & ADOLESCENT MEDICINE ASSOCIATES, INC.

3. Principal office address	City	State	Zip
234 MAPLE AVENUE	BARRINGTON	RI	02806

4. Business Phone No.	5. State of Incorporation
(401) 247-1644	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
OPERATION OF MEDICAL PRACTICE

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

President Name	Street Address	City	State	Zip
MARCOLINO FERRETTI	234 MAPLE AVENUE	BARRINGTON	RI	02806

Vice-President Name	Street Address	City	State	Zip
JANE M. DENNISON	234 MAPLE AVENUE	BARRINGTON	RI	02806

Secretary Name	Street Address	City	State	Zip
JANE M. DENNISON	234 MAPLE AVENUE	BARRINGTON	RI	02806

Treasurer Name	Street Address	City	State	Zip
ANGELA GRENANDER	234 MAPLE AVENUE	BARRINGTON	RI	02806

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

Director Name	Street Address	City	State	Zip
JANE M. DENNISON	234 MAPLE AVENUE	BARRINGTON	RI	02806

Director Name	Street Address	City	State	Zip
ANGELA GRENANDER	234 MAPLE AVENUE	BARRINGTON	RI	02806

Director Name	Street Address	City	State	Zip
MARCOLINO FERRETTI	234 MAPLE AVENUE	BARRINGTON	RI	02806

Director Name	Street Address	City	State	Zip
None				

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
1000	Common	$1.00 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.

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 _____
Signature of Authorized Representative — Date

MARCOLINO FERRETTI, President
Print or Type Name of Authorized Representative

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

FILED
JAN 29 2015
BY 12157

Form No. 630
Revised: 01/2012