



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. 85219		2. Exact name of the Corporation SOUTH COUNTY ORTHOPEDICS & PHYSICAL THERAPY, INC.			
3. Principal office address ONE HIGH STREET		City WAKEFIELD		State RI	Zip 02879
4. Business Phone No. (401) 789-1422		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF ORTHOPEDIC SURGERY AND PHYSICAL THERAPY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name ROBERT C. MARCHAND, M.D.			Vice-President Name DAVID B. BURNS, D.O.		
Street Address ONE HIGH STREET			Street Address ONE HIGH STREET		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name MICHAEL P. BRADLEY, M.D.			Treasurer Name MARK A. COPPES, M.D.		
Street Address ONE HIGH STREET			Street Address ONE HIGH STREET		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name NONE			Director Name		
Street Address			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) ☐		
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
			28.8	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

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BY 36804

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

ROBERT C. MARCHAND, PRESIDENT

Print or Type Name of Authorized Representative

SOUTH COUNTY ORTHOPEDICS & PHYSICAL THERAPY, INC.
CORPORATE ID # 85219

2015 Annual Report

7. Officers (cont'd)

Ramin R. Tabaddor, M.D.
Vice President
One High Street
Wakefield, RI 02879

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