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			
166773	**KEITH L. CALLAHAN, MD, PC**			
3. Principal office address: **390 Tollgate Road**		City: **Warwick**	State: **RI**	Zip: **02886**
4. Business Phone No.: **(401) 921-5672**		5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Practice of medicine**				

President Name: **Keith L. Callahan**			Vice-President Name		
Street Address: **11 Tall Pine Drive**			Street Address		
City: **East Greenwich**	State: **RI**	Zip: **02818**	City	State	Zip
Secretary Name: **Keith L. Callahan**			Treasurer Name: **Keith L. Callahan**		
Street Address: **11 Tall Pine Drive**			Street Address: **11 Tall Pine Drive**		
City: **East Greenwich**	State: **RI**	Zip: **02818**	City: **East Greenwich**	State: **RI**	Zip: **02818**

Director Name			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

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
100	Common	No 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.

[redacted]

FILED
MAR 05 2015
3030

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: 2/28/15

Keith L. Callahan
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012