



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. 86739		2. Exact name of the Corporation Peter T. Yasigian, M.D. Professional Corporation		
3. Principal office address 2 Meehan Lane		City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-658-2525		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To provide medical services and activities related thereto.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Peter T. Yasigian		Vice-President Name None		
Street Address 2 Meehan Lane		Street Address		
City Cumberland	State RI	Zip 02864	City	State
Secretary Name Deborah D. Yasigian		Treasurer Name Deborah D. Yasigian		
Street Address 2 Meehan Lane		Street Address 2 Meehan Lane		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		200	Common	No par

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 SECRETARY OF STATE
 CORPORATIONS DIV

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: _____

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.

FILED

[Signature]
 Signature of Authorized Representative _____ Date **3-6-15**

MAR 12 2015
 By 244431
 A.A.

Peter T. Yasigian
 Print or Type Name of Authorized Representative