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		
132031	Amir Alizadeh M.D., Inc.		
3. Principal office address: One Foster Way	City: East Greenwich	State: RI	Zip: 02818
4. Business Phone No.	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Rendering professional services as a physician			

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

President Name: Amir Alizadeh			Vice-President Name: Amir Alizadeh		
Street Address: One Foster Way			Street Address: One Foster Way		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Amir Alizadeh			Treasurer Name: Amir Alizadeh		
Street Address: One Foster Way			Street Address: One Foster Way		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

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

Director Name: Amir Alizadeh			Director Name		
Street Address: One Foster Way			Street Address		
City: East Greenwich	State: RI	Zip: 02818	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
	100	Common	No Par

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SECRETARY OF STATE
CORPORATIONS DIV.
2015 SEP -4 AM 11:03

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 _____ FILED 11:83 AM

Check No _____ SEP 04 2015

By: _____ By 255817

FOR SECRETARY OF STATE USE ONLY KMC

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: 9/4/15

Dr. Amir Alizadeh
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012