



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000009340

**2. Name of Corporation** MEDICAL ASSOCIATES OF RHODE ISLAND, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1180 HOPE STREET

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

**4. Business Phone No.**

401-253-8900

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

GROUP MEDICAL PRACTICE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	LESLIE C MOHLMAN MD	10 WEDGEWOOD LN BARRINGTON, RI 02806 USA
SECRETARY	KATHRYN K BANNER MD	59 WINNISIMET DRIVE TIVERTON, RI 02878 USA
PRESIDENT	PAMELA A HARROP MD	11 BEAUMONT ROAD RUMFORD, RI 02916 USA
VICE PRESIDENT	JAMES A ROSS MD	386 NEW MEADOW RD BARRINGTON, RI 02806 USA

DIRECTOR	ALLEN M DENNISON MD	150 MORRIS AVE PROVIDENCE, RI 02806 USA
DIRECTOR	GEOFFREY R HAMILTON MD	18 HAMPDEN ST BARRINGTON, RI 02806 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	2,000.00	1000

**9. 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.**

**Signed this 14 Day of December, 2015 at 10:36:38 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PAMELA HARROP  
Signature of Authorized Representative of the Corporation

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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