



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. 16012		2. Exact name of the Corporation NEWPORT COUNTY MEDICAL TREATMENT OFFICE, INC.			
3. Principal office address 67 VALLEY ROAD		City MIDDLETOWN		State RI	Zip 02840
4. Business Phone No. 401-738-8650		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF MEDICAL OFFICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name ROBERT L GORDON MD			Vice-President Name NONE		
Street Address 1131 WARWICK AVE			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name ROBERT L GORDON MD			Treasurer Name ROBERT L GORDON MD		
Street Address 1311 WARWICK AVE			Street Address 1311 WARWICK AVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE-A CLOSE CORPORATION			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) <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
			100	COMMON	NONE

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

Form No. 630
Revised: 01/2012

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

JAN 28 2016

BY 2666401

A.A. 12:03p.m.

Robert L Gordon 1/28/16

Signature of Authorized Representative

Date

ROBERT L GORDON MD

Print or Type Name of Authorized Representative

RECEIVED
2016 JAN 28 PM 12:02
SECRETARY OF STATE
CORPORATIONS DIV