



**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.<br><b>16012</b>   |                    | 2. Exact name of the Corporation<br><b>NEWPORT COUNTY MEDICAL TREATMENT OFFICE, INC.</b> |                        |  |
| 3. Principal office address<br><b>67 VALLEY ROAD</b>   |                    | City<br><b>MIDDLETOWN</b>  | State<br><b>RI</b>     | Zip<br><b>02840</b>                    |
| 4. Business Phone No.<br><b>401-738-8650</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                        |  |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>MANAGEMENT OF MEDICAL OFFICE</b>   |                    |  |                        |  |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>   |                    |  |                        |  |
| President Name<br><b>ROBERT L GORDON MD</b>  |                    | Vice-President Name<br><b>NONE</b>   |                        |  |
| Street Address<br><b>1131 WARWICK AVE</b>  |                    | Street Address   |                        |  |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>  | City                   | State<br>Zip                           |
| Secretary Name<br><b>ROBERT L GORDON MD</b>  |                    | Treasurer Name<br><b>ROBERT L GORDON MD</b>  |                        |  |
| Street Address<br><b>1311 WARWICK AVE</b>  |                    | Street Address<br><b>1311 WARWICK AVE</b>  |                        |  |
| City<br><b>WARWICK</b>   | State<br><b>RI</b> | Zip<br><b>02888</b>  | City<br><b>WARWICK</b> | State<br><b>RI</b> Zip<br><b>02888</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>   |                    |  |                        |  |
| Director Name<br><b>NONE-A CLOSE CORPORATION</b>   |                    | 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                              |
| <b>9. SHARES AUTHORIZED</b>  |                    | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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                                   |

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

*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**

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 2616401  
 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