



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

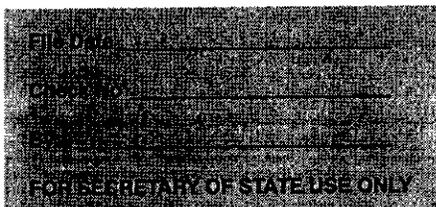
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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.

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|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No. 5491 | | 2. Exact name of the Corporation CUMBERLAND PEDIATRICS, INC. | | | |
| 3. Principal office address 132 OLD RIVER ROAD SUITE 107 | | | City LINCOLN | State RI | Zip 02865 |
| 4. Business Phone No. 401-334-3388 | | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name LOUIS A. COLANTONIO, M.D. | | | Vice-President Name NONE | | |
| Street Address 50 ARNOLD DRIVE | | | Street Address | | |
| City CUMBERLAND | State RI | Zip 02864 | City | State | Zip |
| Secretary Name LOUIS A. COLANTONIO, M.D. | | | Treasurer Name LOUIS A. COLANTONIO, M.D. | | |
| Street Address 50 ARNOLD DRIVE | | | Street Address 50 ARNOLD DRIVE | | |
| City CUMBERLAND | State RI | Zip 02864 | City CUMBERLAND | State RI | Zip 02864 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name LOUIS A. COLANTONIO, M.D. | | | Director Name | | |
| Street Address 50 ARNOLD DRIVE | | | Street Address | | |
| City CUMBERLAND | State RI | Zip 02864 | 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 |
| | | | 800 | COMMON | NO PAR VLAUE |

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.



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.

Louis A. Colantonio, M.D. 01/21/2016
 Signature of Authorized Representative Date

LOUIS A. COLANTONIO, M.D.
 Print or Type Name of Authorized Representative