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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.

1. Entity ID No. 102043		2. Exact name of the Corporation Children First Pediatrics, Inc.					
3. Principal office address 6 Blackstone Valley, Building 700				City Lincoln	State RI	Zip 02865	
4. Business Phone No. 401.334.6200				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Providing medical services to the general public.							
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Roxanne Marie Simmons, MD				Vice-President Name Roxanne Marie Simmons, MD			
Street Address 160 John Rezza Drive				Street Address 160 John Rezza Drive			
City North Attleboro	State MA	Zip 02760		City North Attleboro	State MA	Zip 02760	
Secretary Name Roxanne Marie Simmons, MD				Treasurer Name Roxanne Marie Simmons, MD			
Street Address 160 John Rezza Drive				Street Address 160 John Rezza Drive			
City North Attleboro	State MA	Zip 02760		City North Attleboro	State MA	Zip 02760	
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				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	No Par	

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

FILED
 FEB 04 2016
 BY 6617188

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.
Roxanne Marie Simmons 12/23/15
 Signature of Authorized Representative Date
Roxanne Marie Simmons, MD, President
 Print or Type Name of Authorized Representative