



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. 3600		2. Exact name of the Corporation Cardiology Associates, Inc.			
3. Principal office address 25 John Cummings Way, 4th Floor		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. 401-766-5959		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rendering professional medical services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Mohammad Arif, M.D.			Vice-President Name		
Street Address 25 John Cummings Way, 4th Floor			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Mohammad Arif, M.D.			Treasurer Name Mohammad Arif, M.D.		
Street Address 25 John Cummings Way, 4th Floor			Street Address 25 John Cummings Way, 4th Floor		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Mohammad Arif, M.D.			Director Name		
Street Address 25 John Cummings Way, 4th Floor			Street Address		
City Woonsocket	State RI	Zip 02895	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) ☐		
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
			265	Common	No Par Value

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 **FEB 08 2016**

Check No **CM 14975**

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.

Signature of Authorized Representative

Date

Mohammad Arif, M.D.

Print or Type Name of Authorized Representative