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.	2. Exact name of the Corporation
127483	Nardone Medical Associates, Inc.

3. Principal office address	City	State	Zip
333 School Street, Ste. 112	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
401-726-9790	Rhode Island

6. Brief description of the character of business conducted in Rhode Island

To operate a medical practice.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Ahmad Al-Raqqad, M.D.	
Street Address	**Street Address**
333 School Street, Ste. 112	
City / State / Zip	City / State / Zip
Pawtucket / RI / 02860	
Secretary Name	**Treasurer Name**
Ahmad Al-Raqqad, M.D.	Ahmad Al-Raqqad, M.D.
Street Address	**Street Address**
333 School Street, Ste. 112	333 School Street, Ste. 112
City / State / Zip	City / State / Zip
Pawtucket / RI / 02860	Pawtucket / RI / 02860

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Ahmad Al-Raqqad, M.D.	
Street Address	**Street Address**
333 School Street, Ste. 112	
City / State / Zip	City / State / Zip
Pawtucket / RI / 02860	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	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.

FILED

File Date FEB 08 2016

Check No CK 4974

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.

Raqq — 1/28/16

Signature of Authorized Representative — Date

Ahmad Al-Raqqad, M.D.

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012