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
126207	**Santiago Medical Group, Inc.**

3. Principal office address	City	State	Zip
967 Mineral Spring Avenue	**North Providence**	**RI**	**02904**

4. Business Phone No.	5. State of Incorporation
401-312-0444	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
The practice of medicine and all other lawful business

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

President Name			Vice-President Name		
Miguel Fuentes, MD			**Teresa Jeraldo, MD**		
Street Address			Street Address		
26 Alumni Avenue			**26 Alumni Avenue**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02906**	**Providence**	**RI**	**02806**
Secretary Name			Treasurer Name		
Miguel Fuentes, MD			**Teresa Jeraldo, MD**		
Street Address			Street Address		
26 Alumni Avenue			**26 Alumni Avenue**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02906**	**Providence**	**RI**	**02906**

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

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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	$2.00

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 11 2016
BY KL 10038

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 1-19-15

Miguel Fuentes, MD, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012