Filing fee: \$15.00

To be filed annually between January 1st and March 1st

## State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

## ANNUAL REPORT

. **OF** 

amended, the undersigned co	orporation hereby s he corporation is	ubmits the :	ne P Pagonis M.D. Inc.
SECOND: It is incorpor			de Island
THIRD: The address of	f its registered office	in Rhode Is	sland is
	106 Nate Whippl	e Highway,	Cumberland, R. I.
and the name of its registered Constantin	l agent in Rhode Isla ne P Pagonis M.D.	and at such a	address is
FOURTH: If a foreign country under the laws of whi	corporation, the addict it is incorporated	lress of its p	principal office in the state or
Island, briefly stated, is	Medical		
Name	Office		Address
Constantine P Pagonis M.D		106 Nate	Whipple Highway, Cumberland,
	Director		
			***************************************
		*******************	
		***************************************	
		***************************************	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Secretary		
	Treasurer	***************************************	
SEVENTH: The aggrega y classes, par value of shares, s Number of Shares	te number of shares shares without par v <u>Class</u>	which it has alue, and se	s authority to issue, itemized ries, if any, within a class, is:  Par Value per Share or Statement that Shares are without Par Value
600	Common	79	1.00 Par Value
		••••••••••••••••••••••••••••••••••••••	FEB 27 1979

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
	*		
+++	And the second second		
Dated January	, 19 <sup>79</sup> C	ONSTANTINE P. PAGON	
	Ву	(NAME OF COM	Kyoni WD
		Its	- -

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