



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. 123893		2. Exact name of the Corporation Omnibus Reconciliation Inc.			
3. Principal office address 528 Newton Street		City Fall River		State MA	Zip 02721
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island A Hospitalist Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott Wilson, MD			Vice-President Name Robert Crausman, MD		
Street Address 24 Steeple Lane			Street Address 5 Adams Circle		
City Lincoln	State RI	Zip 02865	City Rehoboth	State MA	Zip 02769
Secretary Name Syed Misbah Quadri, MD			Treasurer Name Nawar Najjar, MD		
Street Address 146 Irving Avenue, Apt. C			Street Address 35 Commonwealth Avenue, Apt. 311		
City Providence	State RI	Zip 02906	City Chestnut Hill	State MA	Zip 02906
8. 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
			8,000	STK	0.00

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

Form No. 630
Revised: 01/2012

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.

FILED

MAR 25 2016

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A.A.10.11A.m.

Signature of Authorized Representative

Date

Robert Crausman, MD

Print or Type Name of Authorized Representative