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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		
12512	**THOMAS L GREEN, D.O., LTD.**		
3. Principal office address: **688 FRENCHTOWN ROAD**	City: **E GREENWICH**	State: **RI**	Zip: **02818**
4. Business Phone No.: **401-885-5193**	5. State of Incorporation: **RI**		
6. Brief description of the character of business conducted in Rhode Island: **RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN**			

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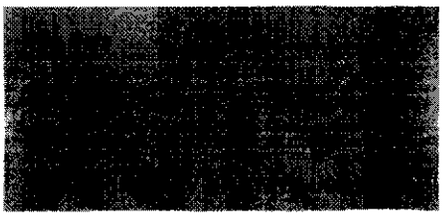
2016 MAR 31 PM 2:12
SECRETARY OF STATE
CORPORATIONS DIV

President Name: **THOMAS L GREEN**			Vice-President Name:		
Street Address: **688 FRENCHTOWN ROAD**			Street Address:		
City: **E GREENWICH**	State: **RI**	Zip: **02818**	City:	State:	Zip:
Secretary Name: **THOMAS L GREEN**			Treasurer Name: **THOMAS L GREEN**		
Street Address: **688 FRENCHTOWN ROAD**			Street Address: **688 FRENCHTOWN ROAD**		
City: **E GREENWICH**	State: **RI**	Zip: **02818**	City: **E GREENWICH**	State: **RI**	Zip: **02818**
Director Name: **THOMAS L GREEN**			Director Name:		
Street Address: **688 FRENCHTOWN ROAD**			Street Address:		
City: **E GREENWICH**	State: **RI**	Zip: **02818**	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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
100	COMMON	NO PAR

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
MAR 31 2016
By 271418

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: 3/31/16

THOMAS L GREEN, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
134791-13-1115212