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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.**

RECEIVED
2016 MAR 31 PM 12
SECRETARY OF STATE
CORPORATIONS

1. Entity ID No.	2. Exact name of the Corporation		
2279	THE MEDICAL GROUP OF RHODE ISLAND, INC.		
3. Principal office address: 1050 WARWICK AVENUE	City: WARWICK	State: RI	Zip: 02888
4. Business Phone No.: 401-467-6210	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: RENDERING PROFESSIONAL MEDICAL SERVICES			

President Name: DUDLEY E BENNETT			Vice-President Name: JOHN LOWNEY		
Street Address: 50 CARDINAL LANE			Street Address: 41 KING PHILIP CIRCLE		
City: E GREENWICH	State: RI	Zip: 02818	City: WARWICK	State: RI	Zip: 02888
Secretary Name: JOHN D LOWNEY			Treasurer Name: DUDLEY E BENNETT		
Street Address: 41 KING PHILIP CIRCLE			Street Address: 50 CARDINAL LANE		
City: WARWICK	State: RI	Zip: 02888	City: E GREENWICH	State: RI	Zip: 02818
Director Name: DUDLEY E BENNETT			Director Name: JOHN LOWNEY		
Street Address: 50 CARDINAL LANE			Street Address: 41 KING PHILIP CIRCLE		
City: E GREENWICH	State: RI	Zip: 02818	City: WARWICK	State: RI	Zip: 02888
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
	200	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.

[redacted]

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: 3/22/16

DUDLEY E BENNETT, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
134791-17-1115328

ID # 2279

FRANK LAFAIA, ASSISTANT VP - W WARWICK			EDWARD REARDON, ASSISTANT VP - WARWICK		
Street Address 1050 WARWICK AVENUE			Street Address 1050 WARWICK AVENUE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
RICHARD LEACH, ASSISTANT VP - E GREENWICH					
Street Address 41 KING PHILIP CIRCLE			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip

JOSEPH LOWNEY, ASSISTANT SECRETARY			THOMAS RAIMONDO, ASSOCIATE SECRETARY		
Street Address 1050 WARWICK AVENUE			Street Address 1050 WARWICK AVENUE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888