



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

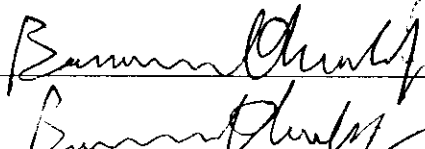
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 154317		2. Exact name of the Corporation Family Internal Medicine, Inc.			
3. Principal Office Address 2295 Diamond Hill Road		City Cumberland		State RI	Zip 02864
4. NAICS Code 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island Physician				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bassam Khabbaz, M.D.			Vice-President Name		
Street Address 2295 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Bassam Khabbaz, M.D.			Treasurer Name Bassam Khabbaz, M.D.		
Street Address 2295 Diamond Hill Road			Street Address 2295 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bassam Khabbaz, M.D.			Director Name		
Street Address 2295 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE \$0.01
11. 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. 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.					
Name of Authorized Representative Bassam Khabbaz, M.D.			Date 1/25/17		
Signature of Authorized Representative 			FILED		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 27 2017

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FORM 880 • Revised: 10/2016