



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Professional Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000020068

**2. Name of Corporation** INTERNAL MEDICINE ASSOCIATES, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1150 RESERVOIR AVENUE  
City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  62

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MEDICAL PRACTICE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| TREASURER | PAUL W RODERICK MD                             | 1150 RESERVOIR AVE<br>CRANSTON, RI 02920 USA               |
| SECRETARY | GEORGE L. POWERS                               | 1150 RESERVOIR AVENUE                                      |

|                |                         |                                                 |
|----------------|-------------------------|-------------------------------------------------|
|                |                         | CRANSTON, RI 02920 USA                          |
| VICE PRESIDENT | ROBERT WOLFGANG, D.O.   | 1150 RESERVOIR AVE<br>CRANSTON, RI 02920 USA    |
| PRESIDENT      | PAUL W RODERICK MD      | 1150 RESERVOIR AVENUE<br>CRANSTON, RI 02920 USA |
| VICE PRESIDENT | THOMAS H. MCGREEN       | 1150 RESERVOIR AVENUE<br>CRANSTON, RI 02920 USA |
| VICE PRESIDENT | MORRIS P. ELEVADO, M.D. | 1150 RESERVOIR AVENUE<br>CRANSTON, RI 02920 USA |
| VICE PRESIDENT | ROBERT J. BIERWIRTH MD  | 1150 RESERVOIR AVENUE<br>CRANSTON, RI 02920 USA |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CNP            |                 | \$0.0000            | 600.00                                                | 318                                                            |

**9. 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.**

**Signed this 27 Day of February, 2017 at 10:59:11 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.**

By THOMAS MCGREEN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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