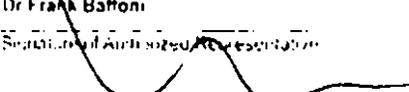


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2018  
**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 <b>106546</b>		2. Exact name of the Corporation <b>Frank Baffoni MD, P.C., Inc.</b>	
3. Principal Office Address <b>300 Tollgate Road suite 207</b>		City <b>Warwick</b>	State <b>ri</b>
		Zip <b>02886</b>	
4. NAICS Code <b>623210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Medical office</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Frank Baffoni</b>		Vice-President Name <b>None</b>	
Street Address <b>300 Tollgate rd</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City
Secretary Name <b>None</b>		Treasurer Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	City
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized This information is currently of record in the Department of State Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		CLASS SERIES	
		VALUE	
		<b>None</b>	
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. <i>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.</i>			
Name of Authorized Representative <b>Dr Frank Baffoni</b>		Date <b>12/29/17</b>	
Signature of Authorized Representative 			

MAIL TO  
 Division of Business Services  
 142 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 722-3340  
 Website: 0729-6135829

**FILED**  
 JAN 02 2018  
 BY 10725