



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 135722		2. Name of Corporation Kardous Primary Care, Inc.			
3. Street Address Principal Business Office 1150 RESERVOIR AVENUE, SUITE 305B			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. (401) 946-5001		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island RENDER PROFESSIONAL SERVICES AS A PHYSICIAN					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Antioan Kardous		Vice President Name Antioan Kardous			
Street Address 1150 Reservoir Avenue, Suite 305 B		Street Address 1150 Reservoir Avenue, Suite 305 B			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Antioan Kardous		Treasurer Name Antioan Kardous			
Street Address 1150 Reservoir Avenue, Suite 305 B		Street Address 1150 Reservoir Avenue, Suite 305 B			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Antioan Kardous		Director Name			
Street Address 1150 Reservoir Avenue, Suite 305 B		Street Address			
City Carolina	State RI	Zip 02920	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 5 7 2 2

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 Officer: [Signature] Date: 11/13/05
Antioan Kardous
Print or Type Name of Officer
President
Title of Officer

135722 DBC 01/05/05 04:09:54 PM
File Date: 11/18/05
Check No.: 1410
By: DA
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Number of Shares		Class/Series	Par Value		
100		common	no par		

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135722 DBC 01/08/04 11:45:01 AM

File Date 2/23/04

Check No. 1017

By: KML

FOR SECRETARY OF STATE USE ONLY

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.

Antioan Kardous 1/21/04

Signature of Officer Date

Antioan Kardous

Print or Type Name of Officer

President

Title of Officer