



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. 132031	2. Name of Corporation Amir Alizadeh M.D., Inc.
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3. Street Address Principal Business Office 101 SWEETBRIAR DRIVE	City CRANSTON	State RI	Zip 02920-
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4. Business Phone No. 4019469426	5. State of Incorporation RHODE ISLAND	6. SIC Code 9217
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7. Brief Description of the Character of Business Conducted in Rhode Island
RENDERING PROFESSIONAL SERVICE AS A PHYSICIAN

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Amir Alizadeh	Vice President Name Amir Alizadeh
Street Address 101 Sweetbriar Drive	Street Address 101 Sweetbriar Drive
City Cranston	City Cranston
State RI	State RI
Zip 02920	Zip 02920

Secretary Name Amir Alizadeh	Treasurer Name Amir Alizadeh
Street Address 101 Sweetbriar Drive	Street Address 101 Sweetbriar Drive
City Cranston	City Cranston
State RI	State RI
Zip 02920	Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Amir Alizadeh	Director Name
Street Address 101 Sweetbriar Drive	Street Address
City Cranston	City
State RI	State
Zip 02920	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
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 2 0 3 1

132031 DBC 01/07/05 12:33:30 PM

File Date 01/2/05

Check No. 1141 CG1553

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.

Signature of Officer [Signature] Date 01/07/05

Amir Alizadeh

Print or Type Name of Officer

President

Title of Officer



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3. Street Address Principal Business Office 101 Sweetbriar Drive			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-9426		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL SERVICE 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 Amir Alizadeh			Vice President Name Amir Alizadeh		
Street Address 101 Sweetbriar Drive			Street Address 101 Sweetbriar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Amir Alizadeh			Treasurer Name Amir Alizadeh		
Street Address 101 Sweetbriar Drive			Street Address 101 Sweetbriar Drive		
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 Amir Alizadeh			Director Name		
Street Address 101 Sweetbriar Drive			Street Address		
City Cranston	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					
Number of Shares		Class/Series	Par Value	ISSUED SHARES	
600 NO PAR VALUE				Number of Shares	Class/Series
				100	common
					no par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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



1 3 2 0 3 1

132031 DBC 03/12/04 09:13:38 AM

FILED

File Date _____

Check No. APR 22 2004

By: [Signature]

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.

[Signature] 3/28/04

Signature of Officer _____ Date _____

Amir Alizadeh

Print or Type Name of Officer _____

President

Title of Officer _____