



AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James K. Langevin
Co
100 North Main Street, Providence

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83762	2. Name of Corporation CRAWFORD FAMILY MEDICINE, INC.
3. Street Address Principal Business Office	City _____ State _____ Zip _____
4. Business Phone No _____	5. State of Incorporation RHODE ISLAND
6. SIC _____	
7. Brief Description of the Character of Business Conducted in Rhode Island _____	

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

President Name	Vice President Name
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Secretary Name	Treasurer Name
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

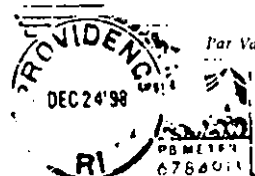
Director Name	Director Name
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name	Director Name
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James K. Langevin, Secretary of State

**RETURN SERVICE
REQUESTED**

**PRESORTED
FIRST CLASS**



**SCOTT T. SPEAR
58 WEYBOSSET STREET
PROVIDENCE, RI 02903**

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30 EXCHANGE TER
PROVIDENCE RI 02903-1748
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1. AUTO 02903

