AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin
Co
100 North Main Street, Provide

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
Street Address
City — State — Zip

Vice President Name
Street Address
City — State — Zip

Secretary Name
Street Address
City — State — Zip

Treasurer Name
Street Address
City — State — Zip

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

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

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TATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ffice of the Secretary of State

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Par Val

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58 WEYBOSSET STREET
PROVIDENCE, RI 02903

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