

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201\ Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00.	or(e), each corporation	filling or refusing to file its an	tual report within thirty (30) days	after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is	
62854 Thomas D. DeNucel. MD Inc						
3. Street Address Principal Business Offi	ford	st	Providence	2 State RI	02905	
4. Business Phone No. 401.421.880		5. State of Lecorporation				
6. Brief Description of the Charager of Business Conducted in Whode Island TO POVIDE WEDICAL SERVICES						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name						
Thomas D. DeVucci, MD			Street Address			
33 Stanite	72 bro					
Secretary Name	RI	2905	Chy	State	Zip	
Street Address	s. De Nuc	ci, w/)	Treasurer Name Thomas	D. De Nucci,	MD	
33 Stan	<u>niford</u>	st	Street Address 33 Stay	iford st		
8. NAMES AND ADDRESSES OF	LT PRECTOR	240 J	Providence	State RI	02905	
Director Name Director Name Director Name Director Name					ATTACHMENTS	
33 Staniford St			Street Address			
Providence s	rate R	02905	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City: Si	ate	Zip	Сиу	State	Zap	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			8000	Cemmon	None	
This report must be executed on behalf of the corporation by an authorized parameter at the						
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.						
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			Under senalty of perj	ury, I declare and affirm that	I have examined this report,	
File Date including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Check No. OCT 0 6 2011				nature Date		
By: BY . 43/	3		Thomas D. De Nucci			
FOR SECRETARY OF STATE		Preside	President			