



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 117563		2. Exact name of the Corporation South County Family Medicine, Inc.		
3. Principal office address 3461 South County Trail, Suite 202		City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-539-0283		5. State of incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To provide medical services to patients.				
LIST ALL OFFICERS (NAME AND ADDRESS) (X BOX FOR ATTACHMENT)				
President Name Jonathan Bertman, M.D.		Vice-President Name Kathleen Rapoli		
Street Address 3461 South County Trail, Suite 202		Street Address 3461 South County Trail, Suite 202		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
Secretary Name Jonathan Bertman, M.D.		Treasurer Name Jonathan Bertman, M.D.		
Street Address 3461 South County Trail, Suite 202		Street Address 3461 South County Trail, Suite 202		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
LIST ALL DIRECTORS (NAME AND ADDRESS) (X BOX FOR ATTACHMENT)				
Director Name Jonathan Bertman, M.D.		Director Name None		
Street Address 3461 South County Trail, Suite 202		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
7. SHARES AUTHORIZED		10. SHARES ISSUED (X BOX FOR ATTACHMENT)		
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
		100	Common	\$0.01

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.

FILED

File Date: **APR 1 2012**
 Check No.:
 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] 2/9/12
 Signature of Authorized Representative Date

Jonathan Bertman, M.D., President
 Print or Type Name of Authorized Representative