



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2008

**1. Corporate ID No.** 000020530

**2. Name of Corporation** ORTHOPEDIC GROUP, INC.

**3. Street Address Principal Business Office:**

No. and Street: 588 PAWTUCKET AVENUE

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**4. Business Phone No.**

401-722-2400

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MEDICAL SERVICES

**7. Names and Addresses of the Officers and Directors:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	DAVID J CICERCHIA MD	588 PAWTUCKET AVE PAWTUCKET, RI 02860 USA
SECRETARY	STEVEN N GRAFF MD	588 PAWTUCKET AVE PAWTUCKET, RI 02860 USA
VICE PRESIDENT	HOWARD S HIRSCH MD	588 PAWTUCKET AVE PAWTUCKET, RI 02860 USA
VICE PRESIDENT	JONATHAN A GASTEL MD	588 PAWTUCKET AVE PAWTUCKET, RI 02860 USA
VICE PRESIDENT	KEVIN S BOWMAN MD	588 PAWTUCKET AVE PAWTUCKET, RI 02860 USA
VICE PRESIDENT	JOHN J POGGI MD	588 PAWTUCKET AVE PAWTUCKET, RI 02860 USA
PRESIDENT	STEVEN L BLAZAR MD	588 PAWTUCKET AVENUE PAWTUCKET, RI 02860 USA
VICE PRESIDENT	MICHAEL D FELDMAN MD	588 PAWTUCKET AVE PAWTUCKEY, RI 02860 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	2,000.00	401

**9. 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.**

**Signed this 3 Day of December, 2007 at 10:52:13 AM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KATHERINE LOSIER  
Signature of Authorized Representative of the Corporation

FINANCIAL COORDINATOR  
Title

Form No. 630  
Revised 09/07

