



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

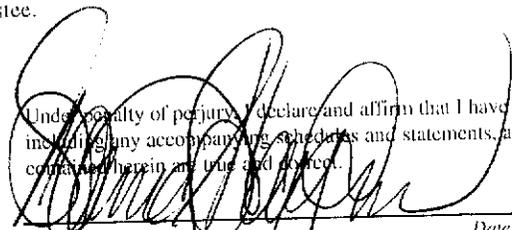
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 119857		2. Name of Corporation TOLLGATE SLEEP DISORDERS CENTER, INC.			
3. Street Address Principal Business Office 400 BALD HILL ROAD, SUITE 529			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4017374115		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO TREAT CLIENTS SUFFERING FROM SLEEP DISORDERS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna J. Hayden			Vice President Name Carolyn M. D'Ambrosio, MD		
Street Address 400 Bald Hill Rd Suite 529			Street Address 400 Bald Hill Rd Suite 529		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Donna J. Hayden			Treasurer Name David J. Hayden		
Street Address 400 Bald Hill Rd Suite 529			Street Address 10 Marion Dr		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 NO PAR VALUE			800	Common	No Par Value

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.

File Date **FILED**
Check No. **JAN 28 2008**
By: **DS 31062**
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 _____ Date _____
Donna J. Hayden
Print of Type Name
President
Title