



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) 222-3040

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. 20518		2. Name of Corporation ORTHOPAEDIC ASSOCIATES INC.			
3. Street Address Principal Business Office 725 Reservoir Ave #101		City CRANSTON	State RI	Zip 02910	
4. Business Phone No. 401-944-3800		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Medical Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name A. Louis MARIORENZI, MD			Vice President Name Louis J. MARIORENZI, MD		
Street Address 216 East Shore Road			Street Address 84 Bayview Dr.		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name A. Louis MARIORENZI, MD			Treasurer Name A. Louis MARIORENZI, MD		
Street Address 216 East Shore Road			Street Address 216 East Shore Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name A. Louis MARIORENZI, MD			Director Name none		
Street Address 216 East Shore Rd			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name A. Louis MARIORENZI, MD			Director Name none		
Street Address 216 East Shore Rd			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COM. 17	No Par Value		none	-	-
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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.	FEB 11 2008
By:	4967 mme
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: A. Louis MARIORENZI Date: 2-8-08
Print or Type Name: A. Louis MARIORENZI
Title: President

Additional Vice Presidents:

Michael P. Mariorenzi, MD
725 Reservoir Ave
Cranston, RI 02910

Gregory J. Austin, MD
725 Reservoir Ave
Cranston, RI 02910

FILED

FEB 11 2008

By 4967 mnc

FD # 20518