



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 2012

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 checked="" 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 Rd			Street Address 725 Reservoir Ave #101		
City Jamestown	State RI	Zip 02835	City Cranston	State RI	Zip 02910
Secretary Name A. Louis Mariorenzi MD			Treasurer Name A. Louis Mariorenzi MD		
Street Address 216 East Shore Rd			Street Address 216 East Shore Rd		
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 none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 600 comm - No Par Value					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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	
none					

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 FEB 29 2012

Check No. BY MALC
By: 1904

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 2-27-12

Print or Type Name
A. Louis Mariorenzi

Title
President

Orthopaedic Associates, Inc.

Additional Vice Presidents:

Michael A. Mariorenzi, MD
725 Reservoir Ave #101
Cranston RI 02910

Gregory J. Austin, M.D.
725 Reservoir Ave #101
Cranston, RI 02910

Christopher M. Chiklaw, M.D.
725 Reservoir Ave #101
Cranston, RI 02910

Ira J. Singer, MD
725 Reservoir Ave #101
Cranston RI 02910

Kenneth Catalozzi, MD
725 Reservoir Ave #101
Cranston, RI 02910

Sidney Migliori, MD
725 Reservoir Ave #101
Cranston, RI 02910

Joseph Lifrak, MD
725 Reservoir Ave #101
Cranston, RI 02910

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By MMC

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