



RECEIVED FEB 2 1997

**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **66137** 2. Name of Corporation **MICHAEL J. HAYDEN, D.O., INC.**

3. Street Address Principal Business Office **712 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **401-943-2320** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Practice of medicine.**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name <b>Michael J. Hayden, D.O.</b>	Vice President Name <b>Michael J. Hayden, D.O.</b>
Street Address <b>712 Oaklawn Avenue</b>	Street Address <b>712 Oaklawn Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Michael J. Hayden, D.O.</b>	Treasurer Name <b>Michael J. Hayden, D.O.</b>
Street Address <b>712 Oaklawn Avenue</b>	Street Address <b>712 Oaklawn Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name <b>Michael J. Hayden, D.O.</b>	Director Name
Street Address <b>712 Oaklawn Avenue</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>1,000 SHS NO PAR VALUE</b>	<b>100 common none</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



#37

File Date: 3-17-97

Check No.: 827

By: ICP

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 of Officer W. Hayden DO Date 2/24/97

Print or Type Name of Officer W. HAYDEN, DO

Title of Officer PRESIDENT

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 66137	2. NAME OF CORPORATION MICHAEL J. HAYDEN, D.O., INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 712 Oaklawn Avenue	CITY Cranston	STATE RI	ZIP CODE 02920
4. BUSINESS PHONE NO. 401-943-2320	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9258
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Practice of medicine.			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT Michael J. Hayden, D.O.	VICE PRESIDENT NAME Michael J. Hayden, D.O.		
STREET ADDRESS 712 Oaklawn Avenue	STREET ADDRESS 712 Oaklawn Avenue		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY Cranston
SECRETARY Michael J. Hayden, D.O.	VICE PRESIDENT NAME Michael J. Hayden, D.O.		
STREET ADDRESS 712 Oaklawn Avenue	STREET ADDRESS 712 Oaklawn Avenue		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY Cranston

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Michael J. Hayden, D.O.	DIRECTOR NAME		
STREET ADDRESS 712 Oaklawn Avenue	STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY
DIRECTOR NAME	DIRECTOR NAME		
STREET ADDRESS	STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VALUE		100	common	none

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

#37

File Date:

4/1/96

Check No:

25440

By:

CP

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.

*Michael J. Hayden D.O.*  
Signature of Officer

MICHAEL J. HAYDEN, D.O.  
Print or Type Name of Officer

PRES  
Title of Officer

3-22-96  
Date

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 OFFICE OF THE SECRETARY OF STATE  
 100 NORTH MAIN STREET  
 PROVIDENCE, RHODE ISLAND 02903-1335  
 401-277-3040

**ANNUAL REPORT**  
 Please Type or Print  
 File Annually - Jan.1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to:  
 Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 66137 Annual Report for the year: 1995

Name of Corporation: MICHAEL J. HAYDEN, D.O., INC.  
 Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in R.I. (Provide street address-Not P.O.Box):  
712 Oaklawn Avenue  
Cranston, Rhode Island 02920  
 Phone: (401)943-2320

Business Entity is (check one):  
 Business Corp. (See RIGL Chapter 7-1.1)  
 Professional Service Corp. (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:  
Practice of medicine  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE NAMES OF THE OFFICERS ARE:**

President	Street Address	City/State	Zip Code
<u>Michael J. Hayden</u>	<u>712 Oaklawn Ave.,</u>	<u>Cranston, RI</u>	<u>02920</u>
Vice President	Street Address	City/State	Zip Code
<u>Same</u>	<u>Same</u>		
Secretary	Street Address	City/State	Zip Code
<u>Same</u>	<u>Same</u>		
Treasurer	Street Address	City/State	Zip Code
<u>Same</u>	<u>Same</u>		

**THE NAMES OF THE DIRECTORS ARE:**

Name	Street Address	City/State	Zip Code
<u>Michael J. Hayden</u>	<u>Same</u>		
Name	Street Address	City/State	Zip Code
Name	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
<u>1000</u>	<u>common</u>	<u>100</u>	<u>common</u>

Date 3-9-, 1995 By: Michael J. Hayden D.O.  
Michael J. Hayden D.O.  
 Print or Type Name of Officer Signing  
President  
 Title of Officer Signing

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

GELFUSO & LACHUT, INC.  
 1193 RESERVOIR AVENUE  
 CRANSTON, RI 02920

**FILED**  
**MAR 14 1995**  
 By CE 24267

Please Type or Print

Filing Fee \$50.00  
Payable to: Secretary of State

File Annually  
LLC: Sept.1 - Nov.1  
Corp: Jan.1 - Mar.1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
OFFICE OF THE SECRETARY OF STATE  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903-1335  
401-277-3040

Corporate ID 66137 Annual Report for the year 1994

Name of Business Entity: MICHAEL J. HAYDEN, D.O., INC.

Business entity organized under the laws of the State of Rhode Island  
Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )  
Address and telephone of the principal office of business entity in RI (Provide street address-Not PO Box):  
712 Oaklawn Avenue  
Cranston, Rhode Island 02920

Phone: (401) 943-2320

Business Entity is (check one):  
 Business Corp. (See RIGL 7-1.1)  
 Professional Service Corp. (See RIGL 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:  
Gelfuso & Lachut, Incorporated  
1193 Reservoir Avenue  
Cranston, Rhode Island 02920  
(401) 942-4300

Brief statement of the character of business conducted in RI:  
Practice of medicine

Date of Organization: 11/26/91  
Date of Qualification to do business in RI (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

Chief Executive Officer or  President (Check One)  
Michael J. Hayden 712 Oaklawn Ave. Cranston RI 02920

Chief Operating Officer or  Vice President (Check One)  
Same

Custodian of Records or  Secretary (Check One)  
Same

Chief Financial Officer or  Treasurer (Check One)  
Same

THE NAMES OF THE DIRECTORS ARE:

Name Michael J. Hayden Street Address Same as above City/State RI Zip Code 02920

Name Street Address City/State Zip Code

Name Street Address City/State Zip Code

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000  
CLASS Common  
SERIES  
PAR VALUE OR WITHOUT PAR No par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100  
CLASS Common  
SERIES  
PAR VALUE OR WITHOUT PAR No par value

Date 3-23, 1994

By: [Signature]  
Michael J. Hayden D.O.  
Type or Print Name of Officer Signing  
President  
Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS

PLEASE NOTE: If the Corporation has changed its registered office and/or registered agent, Form 9 or Form LLC 3 must be filed.

GELFUSO & LACHUT, INC.  
1193 RESERVOIR AVENUE  
CRANSTON, RI 02920

FILED

APR 04 1994

By: 23099 mnc

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

21835

Corporate ID 66137

Annual Report for the year 1993

FIRST: The name of the corporation is MICHAEL J. HAYDEN, D.O., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: practice of medicine

FOURTH: If foreign corporation, address of its principal office: \_\_\_\_\_

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue,  
Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
Michael J. Hayden	Director	712 Oaklawn Ave., Cranston, RI 02920
Michael J. Hayden	President	Same
Michael J. Hayden	Vice Pres.	Same
Michael J. Hayden	Secretary	Same
Michael J. Hayden	Treasurer	Same

PAID  
JUN 04 1993  
SECY OF STATE

SEVENTH: Number of Shares authorized: Par Value or statement  
that shares are without  
No. of Shares Class Series par value

1,000 common no par value

EIGHTH: Number of Shares issued: Par Value or statement  
that shares are without  
No. of Shares Class Series par value

100 common no par value

Dated 49 1993 MICHAEL J. HAYDEN, D.O., INC.  
(Name of Corporation)

By Michael Hayden

(Report must be signed by an officer) Title Pres

19958 JB

File Fee \$50.00

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 66137

Annual Report for the year 1992

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Name	Office	Address (number, street, zip code)
Michael J. Hayden	Director	712 Oaklawn Ave., Cranston, RI 02920
Michael J. Hayden	President	Same
Michael J. Hayden	Vice Pres.	Same
Michael J. Hayden	Secretary	Same
Michael J. Hayden	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

Dated 5-16-92 1992

MICHAEL J. HAYDEN, D.O., INC.  
(Name of Corporation)

By Michael J. Hayden, D.O., Inc

(Report must be signed by an officer)

Title Pres.