

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

32103

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

Corpore tions Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

(FORM MUST BE TYPED OR P					
1. Corporate ID No. 32103	2. Name of Corporation Providence Medical Association				
3. State of Incorporation RHODE ISLAND		n Rhode Island - Street Ada ade Street, Su		City Providence	^{Zip} 02908
5. Foreign corporation. Enter p	rincipal office address		City	State	Zip
6. Brief Description of the charact CONCERN FOR PUBLIC I	er of the affairs which are HEALTH AND QUALIT	actually conducted in Rhod Y MEDICAL CARE.	e Island	I	
7. NAMES AND ADDRESS President Name Patrick Sweeney		RS: ("X" BOX FOR ATTA	Nice President Name	BEFORE USING AT	FACHMENTS
Street Address Women & Infants	s Hospital		Street Address	····-	
CHO Providence	State RT	^{Zip} 02908	City	State	Zip
Secretary Name Barbara Roberts	s, MD		Treasurer Name Cynthia Cough	lin-Hanna, MD	<u></u>
Street Address The Miliam-Hospital			Cynthia Coughlin-Hanna, MD Street Address 655 Broad Street		
Ine Miriam-Hosp	9 ± ℓ & T) OSS DECAM DE	TEEL	
Providence Round Address	State RI ES OF THE DIRECTO		City Providence	State RI S BEFORE USING AT	
Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Michael B. Ma	State RI ES OF THE DIRECTORS OF A DOMEST	02906 ORS: ("X" BOX FOR AT	Providence TACHMENT) FILL IN SPACES CORPORATION SHALL NO Director Name Frances Conk	RI RI BEFORE USING AT THE LESS THAN TH	02907
City Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Michael B. Ma	RI ES OF THE DIRECTO TORS OF A DOMEST	02906 ORS: ("X" BOX FOR AT	Providence TACHMENT) FILL IN SPACES CORPORATION SHALL NO Director Name Frances Conk	RI RI BEFORE USING AT THE LESS THAN TH	02907
Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Michael B. Mattreet Address 825 Chalkston	RI ES OF THE DIRECTO TORS OF A DOMEST	02906 ORS: ("X" BOX FOR AT	Providence TACHMENT) FILL IN SPACES CORPORATION SHALL NO Director Name	RI RI BEFORE USING AT THE LESS THAN TH	02907
Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Michael B. Ma Treet Address 825 Chalkston	RI ES OF THE DIRECTO TORS OF A DOMEST Acko, MD ne Avenue State RI	02906 ORS: ("X" BOX FOR AT. TIC (RHODE ISLAND	Providence FACHMENT) FILL IN SPACES CORPORATION SHALL NO Director Name Frances Conk Street Address 54 Hybrid Dr	RI BEFORE USING AT BE LESS THAN TH	02907 TACHMENTS TREE (3). R.I.G.L. 7-
Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Michael B. Ma Treet Address 825 Chalkston Thy Providence Director Name Newell E. War	RI ES OF THE DIRECTO TORS OF A DOMEST Acko, MD ne Avenue State RI	02906 DRS: ("X" BOX FOR ATTERIC (RHODE ISLAND	Providence FILL IN SPACES CORPORATION SHALL NO Director Name Frances Conk Street Address 54 Hybrid Dr City Cranston	RI BEFORE USING AT BE LESS THAN TH	02907 TACHMENTS TREE (3). R.I.G.L. 7-
Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Michael B. Ma Street Address 825 Chalkston Tity Providence Director Name Newell E. War Treet Address 235 Promenade	RI ES OF THE DIRECTO TORS OF A DOMEST acko, MD ae Avenue State RI cde, PhD e St., Suite 50	02906 ORS: ("X" BOX FOR AT THE (RHODE ISLAND Zip 02908	Providence FACHMENT) FILL IN SPACES CORPORATION SHALL NO Director Name Frances Conk Street Address 54 Hybrid Dr City Cranston Director Name Street Address City	RI RI BEFORE USING AT THE LESS THAN TH Lin, MD ive State RI State	02907 TACHMENTS TREE (3). R.I.G.L. 7
Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name	RI ES OF THE DIRECTO TORS OF A DOMEST acko, MD ae Avenue State RI cde, PhD e St., Suite 50	02906 ORS: ("X" BOX FOR AT THE (RHODE ISLAND Zip 02908	Providence FACHMENT) FILL IN SPACES CORPORATION SHALL NO Director Name Frances Conk Street Address 54 Hybrid Dr City Cranston Director Name Street Address	RI RI BEFORE USING AT THE LESS THAN TH Lin, MD ive State RI State	02907 TACHMENTS TREE (3). R.I.G.L. 7
Providence B. NAMES AND ADDRESS THE NUMBER OF DIRECT Director Name Michael B. Ma Street Address 825 Chalkston City Providence Director Name Newell E. War street Address 235 Promenade	RI ES OF THE DIRECTO TORS OF A DOMEST acko, MD acko, MD acko, MD color RI color, PhD color State RI state RI color, Suite 50 RI RHODE ISLAND - I	02906 ORS: ("X" BOX FOR AT THE (RHODE ISLAND Zip 02908	Providence FACHMENT) FILL IN SPACES CORPORATION SHALL NO Director Name Frances Conk Street Address 54 Hybrid Dr City Cranston Director Name Street Address City Cranston	RI RI BEFORE USING AT THE LESS THAN TH Lin, MD ive State RI State	02907 TACHMENTS TREE (3). R.I.G.L. 7

President

Title of Officer
Form 631 Rev. 04/04

Under penalty of perjury, I declare and affirm that I have examined this

report, including any accompanying schedules and statements, and that all

6/20/05

Date

statements contained herein are true and correct.

Patrick Sweeney, MD Print or Type Name of Officer

Signature of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 32103 **Providence Medical Association** 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Zip 235 Promenade Street, Suite 500 Providence 02908 RHODE ISLAND 5. Foreign corporation. Enter principal office address 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CONCERN FOR PUBLIC HEALTH AND QUALITY MEDICAL CARE. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Patrick Sweeney, MD Street Address Street Address Women & Infants Hospital City City ZipProvidence RI 02905 Secretary Name Treasurer Name Barbara Roberts, MD Cynthia Coughlin-Hanna, MD Street Address Street Address 28 Marcello Drive 655 Broad Street City State City State Providence Providence RΤ 02920 02908 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Director Name Frances Conklin, MD Michael B. Macko, MD Street Address Street Address 825 Chalkstone Avenue 54 Hybrid Drive Providence RI 02908 Cranston RΙ 02920 Director Name Director Name Newell E. Warde, PhD Street Address Street Address 235 Promenade Street, Suite 500 State City Zip02908

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

Address

PROVIDENCE

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

	* 3 2 1 0 3	*
File Date	7/26/04	
Check No	551	
Ву:	DA	
F	OR SECRETARY OF STATE USE ONLY	

Agent Name

NEWELL E. WARDE, PHD

235 PROMENADE STREET, SUITE 500

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.

Zip

02908-

Patrick 1	Juiney	m.D. 6/24	1/04
Signature of Officer	0	Date	_

President

Print or Type Name of Officer

Patrick J. Sweeney, m.D.

Form 631 Rev. 04/04

Form 631 Rev. 6/02



ons Div
02903-
01.222.

(FORM MUST BE TYPED OR I 1. Corporate ID No.	PRINTED IN BLACK) 2. Name of Corporation		The second control of		
32103	Providence Medical A	Association			
3. State of Incorporation	4. Corporate address i	n Rhode Island - Street Addr	ess	City	Zip.
RHODE ISLAND		ade Street, Suit	te 500	Providence	02908
5. Foreign corporation. Enter p	rincipal office address		City	State	Zip
6. Brief Description of the charac CONCERN FOR PUBLIC			de Island.	enterent de l'estre entere les les galeries (le l'estre de l'estre	
7. NAMES AND ADDRESSE President Name	S OF THE OFFICER	S ("X" BOX FOR ATTAC	HMENT) TILL IN SPACE Vice President Name	S BEFORE USING ATT	ACHMENTS
Patrick Sweeney, Street Address	The second second	the statement of the st	Street Address	and a manufacture of the control of	e de endande a la company e pour grant a
Women & Infants	Hospital		3		
City	State	Zip	City	State	Zip
Providence	RI	02905	:		
Secretary Name			Treasurer Name	- contract of the contract of	
Barbara Roberts,	MD	Commercial Administration of the Commercial	Cynthia Coughli	n-Hanna, MD	
Street Address			Street Address	•	2)
28 Marcello Driv	e		655 Broad Stre	et	10 to
City	State	Zip	City	State	Z ip
Jamestown	RI	02835	Providence	RI	N 02907 m
8. NAMES AND ADDRESSE:	S OF THE DIRECTOR CTORS OF A DOMES	RS ("X" BOX FOR ATTAC TIC (RHODE ISLAND)	HMENT) THE S CORPORATION SHALL NO	PACES BEFORE USING OT BE LESS THAN THR	ATTACHMENTS C EE (3) FR.I.G.L. 7-6-23
Director Name	an di menuncum mesa un didi dalam kandarah di babat makandak	titis at timber timber and time a service of the control of the co	Director Name	والوجاري ولا بلداء بالدادات أعام بالمحال مناهدا مناهما كالمناف والمعاملة	
Peter A. Hollman	nn, MD	enter a control of	Michael B. Ma	cko, MD	Commenced and what there exists a new mean commenced and the con-
	ra			a A	
15 LaSalle Squa:	re <i>State</i>	was manageria and between times of the district of the distric	825 Chalkston	and the second s	The many section of the control of t
City Providence	RI	Zip 02903	City Providence	State RI	Zip 02908
Director Name	The second of th	. Note: The state of the state	Director Name	rzykisk i makistani, rozum or rozuwini, paki	the confidence of the confiden
Frances Conklin	, MD		· •		
Street Address	er i filosophist Bewarthown war esta version en esta e	The state of the s	Street Address	s come consideration with a second content of the c	enter exists which is a graph of the
54 Hybrid Drive					
City	State	Zip	City	State	Zip
Cranston	RI	02920	Employees Commission (Commission Commission	V	
9. REGISTERED AGENT IN Agent Name	RHODE ISLAND - DO	O NOT ALTER - Change	es require filing of Form 64 Address	1 - R.LG.L. 7-6-13/7-6-7	8
NEWELL E. WARDE, PHD					
Address		eraninin territoria (1960) (1960), and a proper property of the constant of the property of the constant of th	Eity	Zip	ere mereka aran 1981 dan 1981
106 FRANCIS STREET			DDOMBENOS	•	
The effect of the Bottom and Alexanders of the consequence are supplied to the consequence of the consequenc	The responsibility of the second section of the sect	remains a construction of the control of appropriate control of page 1000.	PROVIDENCE	man man and and an inches an analysis of a built in	903
This report must be signed	in ink by either the	e President, Vice Presi	dent, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee
* 3		*	Under penalty of perjury, this report, including any	I declare and affirm that I accompanying schedules a	have examined and statements,
F	ILED		and that all statements co	ontained herein are true and	согтест.
File DateJUl	- 3 0 2003		Taluch J. Signature of Officer A	Tureney m.	Date 7 /7/03
Check No. SV	3 22 23 53	GDM-	Patrick J. Sy Print or Type Name of Offi	veeney, MD	
Ву	<u>:</u> :			u u r	
FOR SECRETARY OF STATE L	USE ONLY		President		
L		J	Title of Officer		Form 631 Rev. 6/0



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

Co	rporate ID Number <u>DNP-</u>		Annual Report for the year 2002
1.	The name of the corporati	ion is <u>Providence</u>	
2. 3.			s of which it is incorporated is RHODE ISLAND corporation in this state is 106 FRANCIS STREET PROVIDENCE, RI
4.	The character of the affair	s which it is actua	state at that address is NEWELL E. WARDE, PHD illy conducting in Rhode Island, briefly stated, is quality medical care
5			rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rho	de Island <u>106</u> F	rancis Street, Providence, RI 02903
7.	Names and addresses of number of directors of a de	its directors and o omestic (Rhode Is	fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
 Fr	eter A. Hollmann, MD Ichael B. Macko, MD Cances P. Conklin, MI	Director	15 LaSalle Square, Providence, RI 02903 825 Chalkstone Avenue, Providence, RI 02908 54 Hybrid Drive, Cranston, RI 02920 Women & Infants Hospital, Providence, RI 02908
Ва	urbara Roberts, MD Unthia Coughlin-Hanna	Vice-President Secretary Treasurer	28 Marcello Drive, Jamestown, RI 02835 655 Broad Street, Providence, RI 02907
Date	ed: 6-20-02 * 3 2 1 0 3 *		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. Providence Medical Association Exact Name of Corporation
	OR SECRETARY OF STATE USE O pate: $O = O = O$ $O = O$ $O = O = O$ $O = O$ O $O = O$ O O O O O O O O O		Title President (Report must be signed by an officer) Form No. 631 Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

	NON-	PROFIT CORPORATION
Corporate ID Number	DNP-32103	Annual Report for the year 2001
1. The name of the co	orporation is Providen	ce Medical Association
2. The state or other	jurisdiction under the la	ws of which it is incorporated is RHODE ISLAND
 The address of the 02903 	e registered office of the	e corporation in this state is 106 FRANCIS STREET PROVIDENCE, RI
and the name of it	s registered agent in th	is state at that address is NEWELL E. WARDE, PHD
4. The character of the	ne affairs which it is act	ually conducting in Rhode Island, briefly stated, is
concern for	public health and	quality medical care.
5 If a foreign corpora incorporated is		principal office in the state or other jurisdiction under the laws of which it is
6. Corporate address	in Rhode Island 10	6 Francis Street, Providence, RI 02903
		
7. Names and address number of directors	ses of its directors and s of a domestic (Rhode	l officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
NAME	OFFICE	ADDRESS
Peter A. Hollman	n, MD Director	15 LaSalle Square, Providence, RI 02903
Michael B. Macko	, MD Director	825 Chalkstone Avenue, Providence, RI 02908
Frances P. Conkl	in, MD Director	54 Hybrid Drive, Cranston, RI 02920
Patrick Sweeney,	MD President	Women & Infants Hospital, Providence, RI 02908
	Vice-Presider	
Barbara Roberts,	MD Secretary	28 Marcello Drive, Jamestown, RI 02835
Cynthia Hanna, M	DTreasurer	655 Broad Street, Providence, RI 02907
Dated: <u>6-27-0</u>		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. Providence Medical Association
* 3 2 1 0	3 *	Exact Name of Corporation
FOR SECRETARY OF STA	TE USE ONLY	By Patrick J. Lucency m.D.
the Date: $6-2$ seck No.: 53	8-01	Title President
eck No.:53=	5	(Report must be signed by an officer)
Ze	!	Form No. 631 Revised 5/98



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

Co	prporate ID Number <u>DNP-32103</u>	- Annual Report for the year 2000
1.	The name of the corporation is Provi	dence Medical Association
2. 3.	The address of the registered office of the	ws of which it is incorporated is <u>Rhode Island</u> corporation in this state is <u>106 Francis Street</u>
4.		and the that address is Newell E. Warde, PhD and the rally conducting in Rhode Island, briefly stated, is
	concern for public health and	quality medical care
5	If a foreign corporation, the address of its incorporated is	principal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhode Island 106	Francis Street, Providence, RI 02903
7.	Names and addresses of its directors and on number of directors of a domestic (Rhode in the control of the cont	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)
	NAME OFFICE	ADDRESS
P	eter A. Hollmann, MD Director	15 LaSalle Square, Providence, RI 02903
	ichael B. Macko, MD Director	825 Chalkstone Avenue, Providence, RI 02908
F	rancis P. Conklin, MD Director	54 Hybrid Drive, Cranston, RI 02920
Е	<u>Jane Carter, MD</u> President	450 Veterans Memorial Pkwy., E. Providence, RI 02914
P	atrick Sweeney, MD Vice-President	Women & Infants Hospital, Providence, RI 02908
	arbara H. Roberts, MD Secretary	1076 North Main Street, Providence, RI 02904
C	ynthia Hanna, MD Treasurer	655 Broad Street, Providence, RI 02907
⊃ate	ed: <u>10/3/00</u>	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.
	PAIDATO	Providence Medical Association
	OCT 1 0 2000 50th	By Painch J. Levery m. D.
	SECY OF STATE	Title Vice President
		(Report must be signed by an officer)

Form No. 631 Revised: 01/99

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

		NON-P	ROFIT CORPORATION
Co	prporate ID Number <u>ND-321</u>	03	Annual Report for the year 1999
1.	The name of the corporation	on is Providenc	e Medical Association

2.			s of which it is incorporated is Rhode Island
3.	The address of the registe 02903	red office of the	corporation in this state is 106 FRANCIS STREET PROVIDENCE, RI
	and the name of its registe	ered agent in this	s state at that address is NEWELL E. WARDE, PHD
4.	The character of the affairs	s which it is actu	ally conducting in Rhode Island, briefly stated, is
	concern for publi	c health and	quality medical care
5	If a foreign corporation, the incorporated is	e address of its p	rincipal office in the state or other jurisdiction under the laws of which it is
6.	•	le Island 1	06 Francis Street, Providence, RI 02903
7.	Names and addresses of it number of directors of a do	s directors and o mestic (Rhode Is	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
P	eter A. Hollmann, MD	_Director	15 LaSalle Square, Providence, RI 02903
M	ichael B. Macko, MD	_Director	825 Chalkstone Avenue, Providence, RI 02908
	rances P. Conklin, MI	Director	54 Hybrid Drive, Cranston, RI 02920
E	. Jane Carter, MD	President	450 Veterans Memorial Pkwy, E. Providence, RI 02914
Pa	atrick Sweeney, MD	Vice-President	Women & Infants Hospital, Providence, RI 02905
Ва	arbara H. Roberts, MI	Secretary	1076 North Main Street, Providence, RI 02904
C	ynthia Hanna, MD	Treasurer –	655 Broad Street, Providence, RI 02907
Date	ed:		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.
	+ 3 2 1 0 3 +		Providence Medical Association
	- 5 2 0 5 4		Exact Name of Corporation
File I	FOR SECRETARY OF STATE USE OF COMMENTS.	NLY 7	By E. Jane Carter, MD 29am Cartu HD
Check	k No.: 520	_	Title President
D	Cu		(Report must be signed by an officer)
Ву: _		- [Form No. NP-13 Revised 5/08



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporat	te ID Number ND-3210	3	Annual Report for the year 1998
1. The	name of the corporation	is Providence	e Medical Association
2. The	state or other jurisdiction	n under the law	s of which it is incorporated is RHODE ISLAND
3. The 0290		ed office of the	corporation in this state is 106 FRANCIS STREET PROVIDENCE, RI
and	the name of its register	ed agent in this	state at that address is NEWELL E. WARDE, PHD
	character of the affairs with the character of the affairs with the character of the affairs with the character of the affairs with the character of the affairs with the character of the charac		ally conducting in Rhode Island, briefly stated, isconcern_for
5 If a f		address of its p	rincipal office in the state or other jurisdiction under the laws of which it is
			Francis Street, Providence, RI 02903
			officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
1	NAME	OFFICE	ADDRESS
Peter	A. Hollmann, MD	Director	CHIP, 15 LaSalle Square, Providence, RI 02903
France	es P. Conklin, MD	Director	54 Hybrid Drive, Cranston, RT 02920
James	P. Crowley, MD	Director	RI Hospital, Providence, RI 02903
E. Jan	ne Carter, MD	President	450 Veterans Mem. Parkway, E. Providence, RI 02914
Patri	ck J. Sweeney, MD	Vice-President	Women & Infants Hospital, Providence, RI 02903
Barbar	ra H. Roberts, MD	Secretary	1076 North Main Street, Providence, RI 02904
Cynth	ia Hanna, MD	Treasurer	655 Broad Street, Providence, RI 02907
Dated:	7-21-98		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.
 	3 2 1 0 3 *		Providence Medical Association Exact Name of Corporation
FOR SEC	CRETARY OF STATE USE ON 7-22-98	LY	By 2 gam Cartur MD
heck No.:			Title (Report must be signed by an officer)
y:	AMF		Form No. NP-13

To be filed annually during the month of June

State of Rhode Island and Providence Plantations Corporation Division 100 North Main Street Providence, RI 02903



NON-PROFIT CORPORATION

FIRST: The name of the corporation is

Providence Medical Association

0032103

Corporate ID Number.....

SECOND: It is incorporated under the	ne laws ofRhode.Island
THIRD: The character of the affairs	which it is actually conducting in Rhode Island, briefly stated, is
concern for public health and	
FOURTH: If a foreign corporation, the	ne address of its principal office in the state or country under the laws of
FIFTH: Corporate address in Rhode	Island106 Francis Street, Providence, RI02903
SIXTH: Names and addresses of its Reenactment of 1994, the number of Director	directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, rs of a corporation shall not be less than three (3).)
THIS REPORT WILL NOT BE A	CCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
Peter A. Hollmann, MD Director	CHIP, 15 LaSalle Square, Providence, RI 02903
Francis P. Conklin, MD Director	54 Hybrid Drive, Cranston, RI 02920
David T. Barrall, MD. Director	151 Waterman Street, Providence, RI 02906
E. Jane Carter, MD President	450 Veterans Memorial Pkwy, E. Providence, RI 02914
noneVice-Presider	nt
Barbara H. Roberts, MD Secretary	1076 North Main Street, Providence, RI 02904
Cynthia Hanna, MD Treasurer (If additional space is needed, attach rider)	655 Broad Street, Providence, RI 02907
Dated: June 23, 19 97	Providence Medical Association (Name of Corporation)
JUH 2 4 000/	By Chile Page
By (P#30-S0)	Title President (Report must be signed by an officer)
	(

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact the Corporation Division, 277-3040, for further information.

Corporate ID Number.......0032103

To be filed annually during the month of June

State of Rhode Island and Providence Plantation Corporation Division

100 North Main Street Providence, RI 02903



NON-PROFIT CORPORATION

RI MEDICAL SOCIETY

Annual Report for the year. 1996

FIRST: The name of the corporation is Providence Medical Association		
SECOND: It is incorporate	ted under the	aws ofRhode Island
THIRD: The character of t	the affairs wh	ich it is actually conducting in Rhode Island, briefly stated, is
concern for public he	ealth and o	uality medical care
		address of its principal office in the state or country under the laws of
		and1.06. Francis. Street, Providence, RI02903
Reenactment of 1994, the number	of Directors	ectors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, of a corporation shall not be less than three (3).)
THIS REPORT WILL N	NOT BE ACC	CEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OF	FFICE	ADDRESS
Peter A. Hollmann, MD Die	irector	HMO Rhode Island, 30 Chestnut Street, Providence, RI 0290:
Frances P. Conklin, MD Di	rector	54 Hybrid Drive, Cranston, RI 02920
David T. Barrall, MD Dir	rector	151 Waterman Street, Providence, RI 02906
Caroline A. Troise, MD Pro	resident	One Hoppin Street, Providence, RI 02903
Michael C. Brabeck, MD Vic		One Commerce Street, Lincoln, RI 02865
E. Jane Carter, MD Se		450 Veterans Memorial Parkway, E. Providence, RI 02914
Raymond H. Welch. MD _	easurer	151 Waterman Street, Providence, RI 02906
JUL 0 2 1996 By WH 181		Providence Medical Association (Name of Corporation) By Wollie Grosse M Title President (Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact the Corporation Division, 277-3040, for further information.

Corporate ID Number......0032103

To be filed annually during the month of June

RI MEDICAL SOCIETY

Annual Report for the year.....1995

State of Rhode Island and Providence Plantation Corporation Division

100 North Main Street Providence, RI 02903

NON-PROFIT CORPORATION



FIRST: The name of the corporation	is Providence Medical Association
SECOND: It is incorporated under th	e laws ofRhode. Island.
THIRD: The character of the affairs v	which it is actually conducting in Rhode Island, briefly stated, is
concern for public health an	d quality medical care
FOURTH: If a foreign corporation, th	e address of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode I	sland106.Francis.Street, Providence, RI02903
Reenactment of 1994, the number of Directors	directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, s of a corporation shall not be less than three (3).) CCEPTED UNLESS THREE (3) DIRECTORS ARE LISTED.
NAME OFFICE	ADDRESS
E. Jane Carter, MD Director	877 Chalkstone Avenue, Providence, RI 02908
Peter A. Hollmann, MD Director	351 Budlong Road, Cranston, RI 02920
Frances P. Conklin, MD Director	54 Hybrid Drive, Cranston, RI 02920
Nabil Y. Khoury, MD President	655 Broad Street, Providence, RI 02907
Caroline A. Troise, MD Vice-Presiden	one Hoppin Street, Providence, RI 02903
Michael C. Brabeck, MD Secretary	One Commerce Street, Lincoln, RI 02865
Peter T. Nigri, MD Treasurer If additional space is needed, attach rider)	100 Dudley Street, Providence, RI 02905
Dated: June 14 19 95	Providence Medical Association (Name of Corporation)
PAID	By M. ()
JUN 1 5 1995	Title President
SERV ASTATE	(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form N-14 must be filed. Please contact the Corporation Division, 277-3040, for further information.

Ch# 435 mnc

Filing Fee: \$20.00



State of Rhode Island and Providence Plantatiff

NON-PROFIT CORPORATION

JUN - 3 1994

(Report must be signed by an officer)

Corporate ID Number	rovidence Medical Association	
FIRST: The name of the corporation is		
	vs ofRhode Island	
THIRD: The character of the affairs which	h it is actually conducting in Rhode Island, briefly stated, is	
concern for public health and o	quality medical care	
	dress of its principal office in the state or country under the laws of	
FIFTH: Corporate address in Rhode Islan	d 106 Francis St., Providence, RI 02903	
SIXTH: Names and addresses of its director	JUL 1 1 1994	
(Addresses mu	ast include street and number, if any)	
NAME OFFICE	ADDRESS	
E. Jane Carter, MD. Director	1246 CHalkstone Ave. Providence, RI 02908	
Elaine Fain, MD Director	One Randall Square, Providence, RI 02904	
Arnold Herman, MD Director	266WaylandAvenue,Providence,RI02906	
Peter A. Hollmann, MD President	351 Budlong Rd., Cranston, RI 02920	
Nabil Y. Khoury, MD Vice President	655 Broad St., Providence, RI 02907	
Caroline A. Troise, MD Secretary	One Hoppin St., Providence, RI 02903	
Peter T. Nigri, MD Treasurer (If additional space is needed, attach rider)	100 Dudley St., Providence, RI 02905	
Dated: June 24 19 94	Providence Medical Association (Name of Corporation)	
	By Peh + the us	
	Title President	

41573

To be filed annually during the month of June

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number003	2103	Annual Report for the year
First: The name of the		Providence Medical Association
SECOND: It is incorpora		ws of Rhode Island
THIRD: The character of concern for public	f the affairs which health and qu	h it is actually conducting in Rhode Island, briefly stated, isality medical care
		ldress of its principal office in the state or country under the laws of
Fifth: Corporate addre	ss in Rhode Islan	d 106 Francis Street, Providence, RI 02903
SIXTH: Names and addr	esses of its direct	
NAME	OFFICE	ADDRESS PAID
	Director	JUN 1 17 1993
	Director	
•••••	Director	SECRETARY OF STATE
Arnold H. Herman, MD		266 Wayland Ave., Providence, RI 02906
Peter A. Hollmann, MD	Vice President	351 Budlong Rd., Cranston, RI 02920
37 7 14 45 45	. Secretary	655 Broad St., Providence, RI 02907
Peter Nigri, MD	. Treasurer	100 Dudley St., Providence, RI 02905
If additional space is needed, attack	h rider)	
Dated: June 16,	1993	Providence Medical Association (Name of Gorporation) By Wash Helman
		Title President

(Report must be signed by an officer)

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0032103 FIRST: The name of the corporation is		Annual Report for the year 1992 Providence Medical Association	
		ch it is actually conducting in Rhode Isla	· ·
		ddress of its principal office in the state of	•
FIFTH: Corporate ad	dress in Rhode Islar	nd 106 Francis Street, Prov	idence, RI 02903
SIXTH: Names and a	ddroccoe of its diract	lors and officers:	PAID
SIXIH. Hallics and a	Juliana of its direct	iors and orneers.	AUG 2 7 1992 397
	(Addresses m	ust include street, number if any, and zip code	
NAME	OFFICE	ADDRESS	C7#85826
	Director		
	Director	· · · · · · · · · · · · · · · · · · ·	
•••••••••••••••••••••••••••••••••••••••			
Michael B. Macko,		100 Highland Ave., Provide	
Arnold H. Herman,	MD Vice President	266 Wayland Ave., Provider	nce, RI 02906
Peter A. Hollmann,	•	351 Budlong Rd., Cranston,	RI02920
Peter T. Nigri, MD If additional space is needed, at		100 Dudley St., Providence	e, RI 02905
Dated: April 28 19 92		Providence Medical Associa (Name of Corporation)	
		By M.B. Macko, M.D.	
		Title President '	

NON-PROFIT CORPORATION

Corporate ID NumberQ032103	Annual Report for the year
FIRST: The name of the corporation is	Providence Medical Association
SECOND: It is incorporated under the law	ws of Rhode Island
	h it is actually conducting in Rhode Island, briefly stated, isd quality medical care.
FOURTH: If a foreign corporation, the ac	ddress of its principal office in the state or country under the laws of
which it is incorporated is	
FIFTH: Corporate address in Rhode Islan	d 106 Francis Street, Providence, RI 02903
SIXTH: Names and addresses of its direct	ors and officers:
(Addresses m	ust include street and number, if any)
NAME OFFICE	ADDRESS
Director	
Director	
Director	
James P. Crowley, MD President	RI Hospital, 593 Eddy St., Prov., RI 02903
	100HighlandAveProvidenceRI02906
Peter A. Hollmann, MD Secretary	351 Budlong Rd, Cranston, RI 02920
Peter T. Nigri, MD. Treasurer If additional space is needed, attach rider)	100 Dudley St., Providence, RI 02905
Dated: June 25, 19 91	Providence Medical Association (Name of Corporation)
Dated: June 25, 1991	Nulle President
	(Report must be signed by an officer)

State of Rhode Island and Frovidence Flantations NON-PROFIT CORPORATION

		Annual Report for the year 1990 Providence Medical Association	
		THIRD: The character of Concern for public	f the affairs which health and qu
		ddress of its principal office in the state or country under the laws of	
FIFTH: Corporate addre	ss in Rhode Islan	nd 106 Francis Street, Providence, RI 02903	
SIXTH: Names and addr	(Addresses m	ust include street and number, if any)	
NAME	OFFICE	ADDRESS	
Stanley W. Gale, MD James P. Crowley, MD	Director Director President	67 Stimson Avenue, Providence, RI 02906 R.I. Hospital, 593 Eddy Street, Providence, RI 02903	
Michael B. Macko, MD Peter T. Nigri, MD (If additional mass is read-1	Secretary Treasurer	100 Highland Avenue, Providence, RI 02906 100 Dudley Street, Providence, RI 02905	
(If additional space is needed, attack Dated: May 25, 1990	•	Providence Medical Association (Name of Corporation) By President Title	

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0032103	. Annual Report for the year	1989
FIRST: The name of the corporation is	Providence Medical A	ssociation
SECOND: It is incorporated under the la	aws of Rhode Island	
THIRD: The character of the affairs whi	ich it is actually conducting in Rhode Island, brid quality medical care	efly stated, is
	address of its principal office in the state or cour	
	und 106 Francis St., Providence,	
SIXTH: Names and addresses of its direct		PAID UN 2. 1989 OF STATE
NAME OFFICE Director Director	ADDRESS	
Director Elaine B. Fain, MD President Stanley W. Gale, MD Vice President Michael B. Macko, MD Secretary Peter T. Nigri, MD Treasurer If additional space is needed, attach rider)	160 Wayland Ave., Providence, 67 Stimson Ave., Providence, 100 Highland Ave., Providence, 100 Dudley St., Providence,	RI 02906 RI 02906 e, RI 02906
Dated: June 20 19 89	Providence Medical Associati (Name of Constation) By Title President	on /

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number 0032103 First: The name of the corporation is	Annual Report for the year 1988 Providence Medical Association	
Second: It is incorporated under the law	vs of Rhode Island	
THIRD: The character of the affairs which concern for public health and	h it is actually conducting in Rhode Island, briefly stated, isquality medical care	
FOURTH: If a foreign corporation, the adwhich it is incorporated is	dress of its principal office in the state or country under the laws of	
FIFTH: Corporate address in Rhode Island	d 106 Francis St., Providence, RI 02905	
SIXTH: Names and addresses of its director (Addresses mu		
Director Director	ADDRESS JULY 2. 1989	
William M. Colaiace, PMD President Elaine B. Fain, MD Vice President	825 Chalkstone Ave., Providence, RI 02908 160 Wayland Ave., Providence, RI 02906	
Stanley W. Gale, MD Secretary Peter T. Nigri, MD Treasurer If additional space is needed, attach rider)	67 Stimson Ave., Providence, RI 02906 100 Dudley St., Providence, RI 02905	
Dated: June 20, 19 89	Providence Medical Association (Name of Corporation) By Sellian U. Colarace Title President	

(Report must be signed by an officer)

NON-PROFIT CORPORATION

Corporate ID Number 32103	Annual Report for the year 1987
First: The name of the corporation	Providence Medical Association on is
Second: It is incorporated under t	he laws of
	d office in Rhode Island is 106 FRancis St. Providence, R
	02903 and the name of its
registered agent at such address in Rhode	Island is Norman A. Baxter PHd
	the address of its principal office in the state or country under the laws of
FIFTH: The character of the affairs	which it is actually conducting in Rhode Island, briefly stated, is
concern for public	health and quality medical care
SIXTH: Names and addresses of its (Address	directors and officers: sses must include street and number, if any)
NAME OFFICE	ADDRESS
Director	<u> </u>
Director	
Director	110 Lockwood St., Providence, RI 02903
Mary D. Lekas, MD President	
William M. Colarace Mice Pres	sident 110 Lockwood St., Providence, RI 02903
ElainBFain,MD Secretary	
Peter.TNigriMD Treasurer (If additional space is needed, attach rider)	100 Dudley St. Providence, RI 02905
Dated:June15,19.8.7 198.7	Providence Medical Society (Name of Corporation) Mary Corporation
g. A. C. S.	By Mary D. Kekas, MD
\$47x	Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations NON-PROFIT CORPORATION

Corporate ID Number. 32103	
FIRST: The name of the cor	Providence Medical Association poration is
SECOND: It is incorporated	under the laws of Rhode Island
	affairs which it is actually conducting in Rhode Island, briefly stated, is ablic health and quality medical care.
	ration, the address of its principal office in the state or country under the laws of
	Rhode Island 106 Francis Street, Providence, 02903
SIXTH: Names and addresses	s of its directors and officers:
	(Addresses must include street, number if any, and zip code)
NAME	OFFICE ADDRESS
D	irector
D	irector
D	
John J. Coughlin, MD P	esident 655 Broad St. Providence, RI 02907
Mary D. Lekas, MD V	ce President 110 Lockwood St. Providence, RI 02903
Elaine B. Fain, MD Se	cretary Women & Infants Hospital, Maude St. Prov. 02908
Kenneth B. Nanian, MD Ti (If additional space is needed, attach ride	And the state of t
Dated: June 19	
F)	(Name of Corporation)
or PAID	John J. Cougnlin, MD
8 11 24 1986	(Report must be signed by an officer)

NON-PROFIT CORPORATION

Corporate ID Number	103	Annual Report for the year
	-	Providence Medical Association
		laws of Rhode Island
THIRD: The address	of its registered o	office in Rhode Island is
106 Franci	s St., Prov	idence, R. I. 02903 and the name of its
registered agent at such add	dress in Rhode Isl	and is Norman A. Baxter Ph D
_		e address of its principal office in the state or country under the laws of
		nich it is actually conducting in Rhode Island, briefly stated, is
oncern for public	health and	quality medical care.
Sixth: Names and a	ddresses of its dir	rectors and officers:
	(Addresses	s must include street and number, if any)
NAME	OFFICE	ADDRESS
		······································
Michael S. Barre		1086 Smith St. Drovidonas DI 02000
		1086 Smith St., Providence, RI 02908
ElaineB. Fain MD	Vice Presid	ent 655 Broad St., Providence, RI 02907
Kenneth B. Nania	-	Women & Infanta Hospital, Providence, RI 0290
If additional space is needed, a		.110.Lockwood.Sa., Providence, RI.02903
Dated: June 1	/ 19 <i>.V.5</i>	Providence Medical Society (Name of Corporation)
		By Michael S. Na Bett, MD Title President
		(Report must be signed by an officer)

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

	charte	e r.)									
		The		PROVI	DENCE	MEDICA	L AS:	SOCIATION			*************************
		ing r	eport, as					of Rhode Is ter 7-6 of th			
	(1.)	Nam	e of Cor	poration	n PR	OVIDEN	CE MI	EDICAL AS			***************************************
	(2.)	Loca	tion of P	rincipal	Office in	n Rhode	Islan	d Provi	rancis S dence, R No. Street, City	.I.029	03
	(3.) each:-		es and ad	dresses	of all Of	ficers, ar	ıd Da	te of Expir	ation of T	erm of (Office of
	OFFICE	ì.		NAM	IE.		ΑĽ	DRESS.		TERM E	EXPIRES.
Pres	ident		Herber	t Raka	tansky	, M.D.	1 Ra	ındall Sq	.Prov	Feb	.1983
Vice	Pres.	.	George	Coope	r Jr. I	M.D.	110	Lockwood	St Prov	11	11
Secre	etary		Louis V	/ito,	Jr. 1	4.D. 82	25 Ch	alkstone	Av Prov		
Treas	surer		Frances	S Conk	lin, M	.D. 1	Rand	all Sq. 1	?rov		
	(4.)	Date	Appointe	d for N	Next An			of the Corp			
					39 39						
	nr)T ?	4 1984 IC		: :: =================================	.(Nan	ie)	(Design	nation of Off	icer Certif reasur	
	0.	i	IF								

FILED IN THE OFFICE OF THE SECRETARY OF STATE

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BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

charter.)		y	10 to 1110, 400, a nd	. possible i	71010410 01
The PROV	VIDENCE MEDICA	L ASSOCIA	?ION	N	······•
a corporation creation creation creations are a corporated;—	ated under the law as required by § 7	s of the Sta -6-14 of Cha	e of Rhode Island pter 7-6 of the Ge	does hereb neral Laws	y make the of 1956 as
(1.) Name of C	Corporation	PROVIDENC	E MEDICAL ASS	OCIATION	
(2.) Location of	Principal Office i	n Rhode Isla		is Street ence, R.I eet, City or Tov	[.02903
(3.) Names and each:—	addresses of all Of	ficers, and D	ate of Expiration	of Term o	f Office of
					+1
OFFICE.	NAME.	I	DDRESS.	TERN	I EXPIRES.
President Fr	ances P.Conkl	in, M.D.	l Randall Sq.1	Prov.	Feb.1985
Vice Pres. Mi	chael Barrett,	M.D. 1	086 Smith St.I	Prov.	u n
Secretary Lo	uis Vito, Jr.	M.D. 8	25 Chalkstone	AveProv	tt 11
Treasurer Ke	nneth Nanian,	M.D. 1	10 Lockwood St	Prov	н н
	-				
(4.) Date Appoir	nted for Next Am	nual Meeting	of the Corporation	on Februa	ry ₁₉ 85
	84		ertify the forego		or eet and
	70 D> =	(Name)	(Panismati	Presi	dent.
SEP 1 3 1984	4 205	(21 4110)	(Designation	of Officer Cer	vyying)

FILED IN THE OFFICE OF THE SECRETARY OF STATE

19.....

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of

charter.)			
The	PROVIDENCE MEDI	ICAL ASSOCIATION	·····•
		e State of Rhode Island does l f Chapter 7-6 of the General I	
(1.) Name	of Corporation Provid	lence Medical Associati	on
(2.) Locati	ion of Principal Office in Rhoo	le Island 106 Francis St (No. Street, City	
(3.) Name each:—	s and addresses of all Officers,	and Date of Expiration of ${ m Te}$	erm of Office of
OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
esident	RIchard L. Testa, M.D	1339 Smith Street . NProvidence, RI 02908	3/5/80
President		154 Waterman St. Providence, RI 02906	***************************************
cretary	George N. Cooper, W.	110 Lockwood Street	

V. Sec 122 Waterman Street Treasurer Wilson F. Utter, M.D. Providence, RI 02906 3/5/80 106 Francis Street Exec.Director James R. Clarkin Provdience, RI 02903

(4.) Date Appointed for Next Annual Meeting of the Corporation 3/5/19 80 I hereby certify the foregoing to be correct:-

wy certify the foregoing to be correction (Name) (Designation of Officer Certify) (Designation of Officer Certifying) MAR 4 1980

the state of the s

FILED IN THE OFFICE OF THE SECRETARY OF STATE

. 19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Providence Medical Association ,

follo					s hereby make the I Laws of 1956 as
(1.)	Name of Corpor	ation Provide	ence Medical	Association	
(2.)	Location of Prin	cipal Office in R	hode Island 1	06 Francis St (No., Street, Cit	preet - Providence
(3.) each:	Names and addr —	resses of all Offic	ers, and Date o	f Expiration of	Term of Office of
OFFIC	Œ.	NAME.	ADDRES	s.	TERM EXPIRES.
President	Charles	L. Hill, M.),,100 Dudle	y St.,Prov.	1/79
V. Preside	ent Richard	L, Testa,M.I	. 1339 Smit	h St.,N.Prov.	1/79
Secretary	George 1	N. Cooper,M.I). 110 Lockw	ood St.,Prov.	1/79
Treasurer.	Wilson H	Utter,M.D.	122 Water	man Street,PF	Nov.1/79
Exec.Direc	tor James R.	Clarkin	106 Franc	is St.,Prov.	(Upon retirement)
	·				
				······································	
		.,,		•••••••••••••••••••••••••••••••••••••••	
(4.)	Date Appointed f	or Next Annual	Meeting of the	CorporationJ	anuary 1979
				fy the foregoing	to be correct:—
	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3	i de la companya de l		
	INT BOOK		(Name)	Designation of (Officer Certifying) ecutive Director
	JUL 20 191			•10.	
				0.00	

Filed in the Office of the Secretary of State

19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

1	The	PROVIDENCE	MEDICAL	ASSOCI/	ATION		
follov	poration created unde ving report, as requir ded:—	er the laws of t ed by § 7-6-14	he State of of Chapter	Rhode Is 7-6 of the	sland does h e General I	ereby make aws of 1956	the 5 as
(1.)	Name of Corporatio	n Provi	dence Me	dical A	ssociatio	on	
(2.)	Location of Principa	l Office in Rho	de Island		ancis St		Z
(3.) each:	Names and addresse	s of all Officers	s, and Date		•	·	of

OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
PRESIDENT	Donald P. Fitzpa	atrick, M.D. Teet, Prov., RI 02903) Next Annual
) Meeting or
VICE PRES.	P. Joseph Pesare	, M.D.)) Until Their
	1250 Smith Stree	et, Prov., RI 02908)) Successors
SECRETARY	Richard L. Testa 1515 Smith Stree	, M.D.)) Are Duly
	Tota omitti peree	c, N. PIOV., RI)) Elected and
TREASURER	Charles L. Hill,) Cualified.
***************************************			,

(4.) Date Appointed for Next Annual Meeting of the Corporation...January....19.77

I hereby certify the foregoing to be correct:—

Name) (Designation of Officer Certifying)

FEB 28 1976

PROVIDENCE MEDICAL ASSOCIATION

MAY 18-76 STATE . 630 | Fred 4 # 10.00

FILED IN THE OFFICE OF THE SECRETARY OF STATE

....9.....

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The	PROVIDENCE	MEDICAL ASS	SOCIATION	······•
	created under the laws ort, as required by § 7-6-			_
(1.) Name o	f Corporation	PROVIDENCE	MEDICAL ASSO	CIATION
(2.) Location	n of Principal Office in 1	Rhode Island	106 Francis (No., Street, (Street, Providence
(3.) Names each:—	and addresses of all Offi	cers, and Date	of Expiration of	f Term of Office of
OFFICE.	NAME.	ADDRI	ess.	TERM EXPIRES.
President	Peter L. Mathieu 255 Waterman Stre	eet, Prov.,	R.I. 02906) Next Annual) Meeting or
Vice Pres.	Donald P. Fitzpa 110 Lockwood Stre	trick, M.D.	R.I. 02903)) Until Their)
Secretary	P. Joseph Pesare,	M.D. , Prov., R	T. 02908) Successors)) Are Duly
******************) Elected and
Treasurer	Robert P. Sarni, 1200 Reservoir Av		ton, R.I. 02920) Qualified.))

(4.) Date Appointed for Next Annual Meeting of the Corporation January 1975 I hereby certify the foregoing to be correct:—

(Name) (Designation of Officer Certifying)

FEB 28 1974 MC

NAR 21-74 SEC-OF 3277 15****10.00

FILED IN THE OFFICE OF THE SECRETARY OF STATE

19

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$10.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$10.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

a corporation created following report, as reamended:—	under the laws of the S quired by § 7-6-14 of (State of Rhode Island does Chapter 7-6 of the Genera	s hereby make the l Laws of 1956 as
(1.) Name of Corpor	ation PROVIDENC	E MEDICAL ASSOCIATI	ON
(2.) Location of Prin	ncipal Office in Rhode l	Island 106 Francis (No., Street, Ci	St,Providence
(3.) Names and addreach:—	resses of all Officers, ar	nd Date of Expiration of	
OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
		295 Angell St.	Jan. 1973
ice Pres. Tho	mas F.Head,M.D.	655 Broad Street	71 tt
Secretary Geo	rge V.Coleman,MD.	110 Lockwood St.	11 11
Treasurer Jo	an B.Lawlor, M.D.	110 Lockwood St,	ii ii
			•

(4.) Date Appointed f	or Next Annual Meetingset later I her	ng of the Corporationeby certify the foregoing	Jan 1973 to be correct:— Executive Softicer Certifying)

·四 13-72 ship 000 同年8本16 6 5

FILED IN THE OFFICE OF THE SECRETARY OF STATE

19____

BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The Provide	nce Medical Asso	ciation	,
		e State of Rhode Island doe f Chapter 7-6 of the Genera	
(1.) Name of Corp	oration Provide	nca ^P odical Associat	ion
(2.) Location of Pr	rincipal Office in Rhod	le Island 106 Francis S (No., Street, C	treet, Providence Sity or Town)
` '	ldresses of all Officers,	, and Date of Expiration of	Term of Office of
each:—		5.744 4 .0	
OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President	Bertram H. Buxto	on, Jr. 182 Waterman	St. Jan. 4, 1971
Vice President	David Freedman	425 Angell St.	Jan. 4, 1971
Secretary	Joseph E. Caruol	o 295 Angell St.	Jan. 4, 1971
Treasurer	William A. McDon	nell 89 Ravenswood A	ve. Jan. 4, 1971
Executive Secre	tary John E.F.	arrell,&06…Francis…5	t

(4.) Date Appointed for Next Annual Meeting of the Corporation Jan. 4, 1971.

I hereby certify the foregoing to be correct:—

(Name) (Designation of Officer Certifying)
Executive Secretary

34 21-70 500 of 353 8E****5.00

FILED IN THE OFFICE OF THE SECRETARY OF STATE

JAN 21 1970

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BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the SECRETARY OF STATE, PROVIDENCE, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of CHAPTER 7-6 of the GENERAL LAWS OF RHODE ISLAND 1956 (NON-BUSINESS CORPORATIONS). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

(1.) Name of	Corporation	vidence Medical Assoc	iation
2.) Location	of Principal Office in	Rhode Island 105 Franc (No., Street	ris Street, Trovidence t, City or Town)
		cers, and Date of Expiration	
FFICE.	NAME.	ADDRESS.	TERM EXPIRES.
esident	William J.MacD	onald,M.D. 151 Watern Frovidenc	nan st. Jan. 1969
ce Freside	nt: ^N athan Chase	t,H.D. 105 Keene St.	Prov. Jan. 1969
ecretary:	Bertram H.Buxto	on,N.D. 144 Waterman	St.Prov. Jan. 1969
reasurer :	William AlMcDon	nell,M.D., 89 Ravenst	ood Ave. Jan. 1969 V.

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PROFIBERS OF TRANSPORT MEDICAL
PROFIBERS OF TRANSPORT MEDICAL

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FILED IN THE OFFICE OF THE SECRETARY OF STATE

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BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

To be filed in the month of FEBRUARY, of each even year, in the office of the Secretary of State, Providence, by corporations incorporated under the laws of the State of Rhode Island; in accordance with the provisions of § 7-6-14 of Chapter 7-6 of the General Laws of Rhode Island 1956 (Non-Business Corporations). (FEE FOR FILING \$5.00; Maximum penalty for failure to file, \$50, and possible forfeiture of charter.)

The	PROVIDENCE MEDICAL A	SSOCIATION	,
-		the State of Rhode Island do of Chapter 7-6 of the Gener	=
(1.) Name o	f Corporation PROVIDE	ENCE MEDICAL ASSOCIAT	CION
(2.) Location	n of Principal Office in Rho	ode Island 106 Francis (No., Street,	Street, Providence City or Town)
(3.) Names each:—	and addresses of all Officer	rs, and Date of Expiration o	of Term of Office of
office.	NAME. Stanley D.Simon, M.D	ADDRESS.	TERM EXPIRES. Uan.2,1967
***************************************	***************************************	O. 164 Academy Ave.	
	······	r.M.D.,144 Waterman S	
		i,M.D.,151 Waterman S	

(4.) Date Appointed for Next Annual Meeting of the Corporation Jan • 2 19⁶⁷

I hereby certify the foregoing to be correct:—

Millian Mor Dreet June 2016 (Name) (Designation of Officer Certifying)

PROVIDENCE MEDICAL ASSOCIATION 1006 FRANCIS STREET PROVIDENCE, R. 6.

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FILED IN THE OFFICE OF THE SECRETARY OF STATE

FEB 8 1966

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BIENNIAL REPORT OF NON-BUSINESS CORPORATION.

(FEE FOR FILING, \$5.00)

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(1.) Name of Co(2.) Location of	or poracion	ence Medical Associated de Island 106 Francis	***************************************
(3.) Names and each:—	addresses of all Officers	s, and Date of Expiration	•
OFFICE.	NAME.	ADDRESS.	TERM EXPIRES.
President	Frank I.Matteo,	I.D. 463 Broadway rovidence 9	January 4,1965
ice President	Ralph D.Richards	on 154 Waterman St Providence 6	ff II
Secretary	William A.Reid, N	D. 300 Thayer St.	78 11
Treasurer	William J.MacDor	ald, M.D. 151 Waterm Frovidence 6	an St " "

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SECRETARY OF STATE