

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRIN	TED IN BLACK)	•			
1. Corporate ID No. 106204	2. Name of Corporation Susan L. DiMase				
3. Sircei Address Principal Business C 203 Governor S	ffice	,	City Providnece	Siale R I	^{Zip} 02906
4. Business Phone No. (401) 455–0846		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of TO PRACTICE AND DISF	of Business Conducted in R PENSE MEDICAL AND	hode Island PSYCHIATRIC SERVI	CES.		
8. NAMES AND ADDRESSES President Name Susan L. DiMas	OF THE OFFICERS:				GATTACHMENTS
Siner Address 203 Governor S	treet		Street Address		
cuy Providence	State R I	02906	City	State	Zip
Socretary Name Susan L. DiMas	e. M.D.		Treasurer Name Susan L. DiMa	ase, M.D.	
Street Address	-,		Street Address	<u> </u>	
City	State	Zip	City	State	Zip
O NAMES AND ADDRESSES	OF THE CIPECTOR	C CEVE BOX FOR A		COLORS BEFORE USIN	NG ATTA CHARRITO
9. NAMES AND ADDRESSES Director Name Susan L. DiMas		S: ("X" BOX FOR XI	Director Name	SPACES BEFORE USII	NG ATTACHMENTS
Street Address	-		Street Address		-
City	State	Ζ φ	City	State	Zip
Director Name	**************************************	!	Director Name	••••••••••••	***************************************
Street Address		<u></u>	Street Address		
City	State	Zip	City	State	Z(p
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATT/	 I <i>CHMENT)</i>	11. SHARES ISSUED ("X" BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			100	Common	No Par
This report must be s	igned in ink by eithe	er the President, Vice	President, Secretary, Assistar	nt Secretary, Treasurer.	Receiver or Trustee
					nat I have examined this report, ements, and that all statements
File Date 125	105		contained herein are Signature of Officer	A A.	MD 1119105
Check No.	63		Susan L. D	iMase, M.D.	
By:	<u>.</u>	_	Print or Type Name of	Officer	
FOR SECRETARY OF STATE USE ONLY			President Title of Officer		F (36 P 16 P)



FOR SECRETARY OF STATE USE ONLY

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

Curporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

Matthew A. Brown, Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$ 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 106204 Susan L. DiMase, M.D., Inc. 3. Street Address Principal Business Office 203 Governor Street Providence 02906 RI 4 Business Phone No. 6 SIC Code 5. State of Incorporation (401) 455-0846 9217 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO PRACTICE AND DISPENSE MEDICAL AND PSYCHIATRIC SERVICES. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Susan L. DiMase, M.D. Susan L. DiMase, M.D. Street Address Street Address 203 Governor Street 02906 RI Providence Treasurer Name Secretary Name Susan L. DiMase, M.D. Susan L. DiMase, M.D. Street Address Street Address City Zip ZIp 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name <u>Susan L. DiMase, M.D.</u> Street Address State ZIP Street Address Street Address State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value No Par 100 Common **500 NO PAR VALUE** This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. - 3-9-- OA Signature of Officer

Form 630 Rev. 12/03

Susan L. DiMase, M.D.

Print or Type Name of Officer

President

Title of Officer

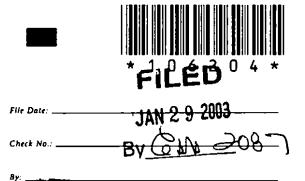
Edward S. Inman, 111. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 106204 Susan L. DiMase, M.D., Inc. 3. Street Address Principal Business Office RI 02906 Providence 203 Governor Street 6. SIC Code S. State of Incorporation 4. Business Phone No. (401) 455-0846 9217 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island Psychiatric (medical) practice 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Susan L. DiMase, M.D. Susan L. DiMase, M.D. Street Address Street Address 203 Governor Street City Zip State 02906 Providence Treasurer Name Susan L. DiMase, M.D. Susan L. DiMase, M.D. Street Address Street Address City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Susan L. DiMase, M.D. Street Address Street Address ZIp Director Name Street Address Street Address City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value **500 NO PAR VALUE** 100 Common

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



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.

Susan	1	nu mare	mo	1/15/03
Signature of Officer				Date

Susan L. DiMase, M.D.
Print or Type Name of Officer

President





Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

·	ctury of state				401-222-304
· · · · · ·				000	
PROFIT COR Filing Period: Janua	PORATION	N ANNUAL RE	PORT FOR THI	E YEAR _ 200	22 STOP PLLASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN I	BLACK)				
1. Corporate ID No.	2. Name of Corpo	pration	<u> </u>		- · —
106204	Susan L. D	iMase, M.D., Inc.			
3. Street Address Principal Busin	· ·	·	City	State	Zip
203 Governor	Street		Providence	RI	02906
4. Business Phone No.	1.6	S. State of Incorporation			6. SIC Code
(401) 455-08		RHODE ISLAND			9217
7. Brief Description of the Chara Psychiatric					
8. NAMES AND ADDR President Name	ESSES OF THE OF	FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTA	CHMENTS
Susan L. DiM	lase, M.D.		Susan L. Di	Mase, M.D.	
203 Governor	Street		Street Address		•
Providence	State R I	02906	*City	State	ZIP
Susan L. Din	Mase, M.D.		Treasus'an L. Did	Mase, M.D.	• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR Director Name Susan L. Dir		RECTORS (*X* BOX FOR ATTA	ACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	TACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	`		Director Name	•	
Street Address			. Street Address		

500 NO PAR VALUE 100 Common No Par

ISSUED SHARES

Number of Shares

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

File Date.	1-23-02	
Check No.:	2005	
P	Qu.	

FOR SECRETARY OF STATE USE ONLY

State

Class/Series

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

Zip

City

AUTHORIZED SHARES

Number of Shares

President
Tile of Officer

⋖⊃∞ 5

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Lusan	1	Dimare	mn	1/16/2003
Signature of Officer		- · · · · · · · · · · · · · · · · · · ·	Date	
C 26.10	1	1 mare	MN	

Print or Type Name of Officer

State

Class/Series

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ZIp

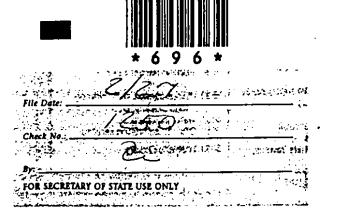


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLA	CKI				
1. Corporate ID No.	2. Name of Corporation				
106204	SUSAN L.	DiMASE, M.D.	., Inc.		
3. Street Address Principal Business			City	State	Zip
203 Governor	Street	Provi	idence	R. I	02906
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 455-084	16	RHODE ISLAND			9217
7. Brief Description of the Character					
Psychiatric ((medical) pra	nctice		·	
8. NAMES AND ADDRESS	SES OF THE OFFICE	RS ("X" BOX FOR ATTACHN		ES BEFORE USING ATTA	CHMENTS
President Name	W D		Vice President Name	DiMase, M.D.	
Susan L. DiMa	ise, M.D.			Dinase, n.D.	
Street Address	_		Street Address		
203 Governor	Street				* *-
City	State R I	02906	City	State	Zip
Providence	K I	02900			
Secretary Name			Treasurer Name	DiMase, M.D.	
Susan L. DiMa	ase, M.D.			Dimase, m.D.	
Street Address			Street Address		
		_	æ.	State	Zip
City	State	Ζιρ	City	3(4)	2.7
	TE OF THE DIRECT	One /eve boy cop ATTAC	CONTENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDRESS	SES OF THE DIRECT	OK2 (-X - BOX FOR MITAC	Director Name		
	sco M D				
Susan L. DiMa	ise, m.D.		Street Address		
31.600 / 440035			•		
City	State	Zip	City	s ' State	Zip
 ,		,			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
			ISSUED SHAKES		
AUTHORIZED SHARES				A	Par Value
	Class/Series	Par Value	Number of Shares	Class/Series	Par voice
AUTHORIZED SHARES Number of Shares		Par Value		Common	No Par
AUTHORIZED SHARES		Par Value	Number of Shares	_	·-·

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



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.

Susan 2 M	mare, MO	1/19/2001
Signature of Officer	-	Date

Susan M. DiMase, M.D.
Print or Type Name of Officer

Title of Officer

Form 630 12/00



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BL	ACK)	<i>n</i>			
1. Corporate ID No.	2. Name of Corpora				
106204		DiMase, M.D., Inc.	•		
3. Street Address Principal Busines			City	State	Zip
203 Governor	Street		Providence	R I	02906
4. Business Phone No. (401) 455-084	6	5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Charact	er of Business Conducted	n Rhode Island			
Psychiatric (medical) pr	actice			
		ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTACH	IMENTS
Susan L. DiMa Street Address 203 Governor	•		Susan L. Dim	lase, M.D.,	•
•		•		_	
Providence	State R I	02906	City	State	Zip
Secretary Name		•	Treasurer Name		
Susan L. DiMa	se, M.D.		Susan L. DiM	lase, M.D.	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
Susan LDiMa	se, M.D.		Street Address		
City	State	Zip	City	State	Zip
Director Name	• • • • • • • • • • • • • • • •	•• · · • • · · · · · · · · · · · · · ·	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("x" box for att	ACHMENT) '	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
• •			100	Common	No Par

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

	* 1 0 6 2 0 4 *
File Date:	211/00
Check No.:	1019
Ву:	21
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.

Suran I Di mare, mo	1/20/00
Signature of Officer	Date
Susan L. DiMase, M.D.	
Print or Type Name of Officer	
President	
Title of Officer	