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 PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
106204	Susan L. DiMase, M.D., Inc.		
3. Street Address Principal Business Office	City	State	Zip
203 Governor Street	Providnece	R I	02906
4. Business Phone No.	5. State of Incorporation		6. SIC Code
(401) 455-0846	RHODE ISLAND		9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PRACTICE AND DISPENSE MEDICAL AND PSYCHIATRIC SERVICES.

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Susan L. DiMase, M.D.	Susan L. DiMase, M.D.
Street Address: 203 Governor Street	Street Address:
City: Providence; State: R I; Zip: 02906	City; State; Zip
Secretary Name: Susan L. DiMase, M.D.	Treasurer Name: Susan L. DiMase, M.D.
Street Address	Street Address
City; State; Zip	City; State; Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Susan L. DiMase, M.D.	
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

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*
500 NO 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

[redacted] [redacted]

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 L DiMase, MD 11/9/05
Signature of Officer *Date*

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

[redacted] President
Title of Officer

File Date	1/25/05
Check No.	2263
By:	DA

FOR SECRETARY OF STATE USE ONLY

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 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	City	State	Zip
203 Governor Street	Providence	R I	02906
4. Business Phone No.	5. State of Incorporation		6. SIC Code
(401) 455-0846	RHODE ISLAND		9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PRACTICE AND DISPENSE MEDICAL AND PSYCHIATRIC SERVICES.

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Susan L. DiMase, M.D.	Susan L. DiMase, M.D.
Street Address: 203 Governor Street	Street Address:
City: Providence; State: R I; Zip: 02906	City; State; Zip
Secretary Name: Susan L. DiMase, M.D.	Treasurer Name: Susan L. DiMase, M.D.
Street Address:	Street Address:
City; State; Zip	City; State; Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Susan L. DiMase, M.D.	
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

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*
500 NO 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

[redacted] [redacted]

106204

File Date 1-22-04
Check No. 2174
By:
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 L DiMase MD 1/13/04
Signature of Officer *Date*

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

President
Title of Officer

[redacted]

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

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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	City	State	Zip
203 Governor Street	Providence	R I	02906

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 455-0846	RHODE ISLAND	9217

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**

President Name	Vice President Name
Susan L. DiMase, M.D.	Susan L. DiMase, M.D.
Street Address: 203 Governor Street	Street Address:
City: Providence State: R I Zip: 02906	City: State: Zip:
Secretary Name	**Treasurer Name**
Susan L. DiMase, M.D.	Susan L. DiMase, M.D.
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Susan L. DiMase, M.D.	
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	NO PAR VALUE	

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

ISSUED SHARES

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

106304
FILED

File Date: JAN 29 2003

Check No.: By [illegible] 2087

By:

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 L DiMase, MD 1/15/03
Signature of Officer *Date*

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

President
Title of Officer

S

Form 630 12/02

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

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 106204
2. Name of Corporation: Susan L. DiMase, M.D., Inc.
3. Street Address Principal Business Office: 203 Governor Street — City: Providence — State: 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 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**

President Name: Susan L. DiMase, M.D.
Street Address: 203 Governor Street
City: Providence — State: R I — Zip: 02906

Vice President Name: Susan L. DiMase, M.D.
Street Address:
City: — State: — Zip:

Secretary Name: Susan L. DiMase, M.D.
Street Address:
City: — State: — Zip:

Treasurer Name: Susan L. DiMase, M.D.
Street Address:
City: — State: — Zip:

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:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	NO PAR VALUE	

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

ISSUED SHARES

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: 1-23-02

Check No.: 2005

By: JL

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 L DiMase MD — 1/16/2002
Signature of Officer — *Date*

Susan L DiMase, MD
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
106204	SUSAN L. DiMASE, M.D., Inc.			
3. Street Address Principal Business Office		**City**	**State**	**Zip**
203 Governor Street		Providence	R. I	02906
4. Business Phone No.	**5. State of Incorporation**			**6. SIC Code**
(401) 455-0846	RHODE ISLAND			9217

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**

President Name	Vice President Name
Susan L. DiMase, M.D.	Susan L. DiMase, M.D.
Street Address	**Street Address**
203 Governor Street	
City / State / Zip	**City / State / Zip**
Providence R I 02906	
Secretary Name	**Treasurer Name**
Susan L. DiMase, M.D.	Susan L. DiMase, M.D.
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Susan L. DiMase, M.D.	
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	NO PAR VALUE	

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

ISSUED SHARES

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

[redacted]

* 6 9 6 *

[redacted]

File Date: 2/27

Check No.: 1250

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 L DiMase, MD 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

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 106204
2. Name of Corporation: Susan L. DiMase, M.D., Inc.
3. Street Address Principal Business Office: 203 Governor Street — City: Providence — State: 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 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**

President Name: Susan L. DiMase, M.D.
Street Address: 203 Governor Street
City: Providence — State: R I — Zip: 02906

Vice President Name: Susan L. DiMase, M.D.,
Street Address:
City: — State: — Zip:

Secretary Name: Susan L. DiMase, M.D.
Street Address:
City: — State: — Zip:

Treasurer Name: Susan L. DiMase, M.D.
Street Address:
City: — State: — Zip:

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:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	NO PAR VALUE	

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

ISSUED SHARES

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: 2/1/00

Check No.: 1019

By: CL

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 L DiMase, MD — 1/20/00
Signature of Officer — *Date*

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

President
Title of Officer