



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)

Form with sections: 1. Corporate ID No. (125008), 2. Name of Corporation (Coventry Primary Care Associates, Inc.), 3. Street Address (1620 NOOSENECK Hill Road), 4. Business Phone No. (401-827-0714), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (9217), 7. Brief Description of the Character of Business, 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Timothy Manown, Vice President: Donald B. Hebb III), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Timothy Manown, Donald B. Hebb III), 10. SHARES AUTHORIZED (8,000 COMM \$1.00 PAR VALUE), 11. SHARES ISSUED (200 Common \$1.00).

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.

Signature of Officer: Timothy J. Manown, Date: 1/31/05, Title of Officer: PRESIDENT

File Date: 2-10-08, Check No.: 1886, By: [Signature], FOR SECRETARY OF STATE USE ONLY



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. 125008		2. Name of Corporation Coventry Primary Care Associates, Inc.			
3. Street Address Principal Business Office 1620 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
4. Business Phone No. (401) 821-6981		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL MEDICAL SERVICES BY PHYSICIANS SPECIALIZING IN INTERNAL MEDICINE AND DULY LICENSED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy J. Manown			Vice President Name Donald Bruce Webb		
Street Address 88 Fieldstone Drive			Street Address 54 Landon St		
City Saunderston	State RI	Zip 02874	City Providence	State RI	Zip 02860
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMM	\$1.00	200	Comm.	\$1.00

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



* 1 2 5 0 0 8 *

File Date 1-16-04
Check No. 1531
By: [Signature]
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] 1/5/04
Signature of Officer Date
Timothy J. Manown, MD
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **125008** 2. Name of Corporation **Coventry Primary Care Associates, Inc.**
3. Street Address Principal Business Office
1620 Nooseneck Hill Road
4. Business Phone No. **(401) 821-6981** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Doctor's Office

City **Coventry** State **RI** Zip **02816**
6. SIC Code **9217**

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

President Name
Timothy J. Manown, M.D.
Street Address
1620 Nooseneck Hill Road
City State Zip
Coventry RI 02816

Vice President Name
D.B. Hebb III, M.D.
Street Address
1620 Nooseneck Hill Road
City State Zip
Coventry RI 02816

Secretary Name
D.B. Hebb III, M.D.
Street Address
1620 Nooseneck Hill Road
City State Zip
Coventry RI 02816

Treasurer Name
D.B. Hebb III, M.D.
Street Address
1620 Nooseneck Hill Road
City State Zip
Coventry RI 02816

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

Director Name
Timothy J. Manown, M.D.
Street Address
1620 Nooseneck Hill Road
City State Zip
Coventry RI 02816

Director Name
D.B. Hebb III, M.D.
Street Address
1620 Nooseneck Hill Road
City State Zip
Coventry RI 02816

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
8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common Stock \$1.00

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



* 1 2 5 0 0 8 *

File Date: 3-4-03

Check No.: 51849

By: AMK

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] 2/12/03
Signature of Officer Date

Timothy J. Manown, M.D., President
Print or Type Name of Officer

President
Title of Officer