



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 12512		2. Name of Corporation THOMAS L. GREEN, D.O., LTD.			
3. Street Address Principal Business Office 688 FRENCHTOWN ROAD			City EAST GREENWICH	State RI	Zip 02818-
4. Business Phone No. 4018855193		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas L. Green			Vice President Name		
Street Address 688 Frenchtown Road			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Thomas L. Green			Treasurer Name Thomas L. Green		
Street Address 688 Frenchtown Road			Street Address 688 Frenchtown Road		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas L. Green			Director Name		
Street Address 688 Frenchtown Road			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
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
600	COMM NO PAR VALUE		100	Common	No Par Value

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



12512 DBC 07/06/05 03:32:35 PM

File Date 9/30/05

Check No. 2264

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] 9/28/05

Signature of Officer Date

Thomas L. Green

Print or Type Name of Officer

President

Title 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 12512		2. Name of Corporation THOMAS L. GREEN, D.O., LTD.		
3. Street Address Principal Business Office 688 FRENCHTOWN ROAD		City EAST GREENWICH	State RI	Zip 02818-
4. Business Phone No. 4018855193	5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	

7. Brief Description of the Character of Business Conducted in Rhode Island
RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN

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

President Name THOMAS L. GREEN			Vice President Name		
Street Address 688 FRENCHTOWN ROAD			Street Address		
City E. GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name THOMAS L. GREEN			Treasurer Name THOMAS L. GREEN		
Street Address 688 FRENCHTOWN ROAD			Street Address 688 FRENCHTOWN ROAD		
City E. GREENWICH	State RI	Zip 02818	City E. GREENWICH	State RI	Zip 02818

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

Director Name THOMAS L. GREEN			Director Name		
Street Address 688 FRENCHTOWN ROAD			Street Address		
City E. GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
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
600 COMM NO PAR VALUE			100	COMMON	NO PAR VALUE

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



1 2 5 1 2

12512 DBC 01/14/04 03:49:53 PM

File Date 10-8-04

Check No 1918

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.

Thomas L. Green 10/6/04

Signature of Officer Date

THOMAS L. GREEN

Print or Type Name of Officer

PRESIDENT

Title 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *12512*		2. Name of Corporation THOMAS L. GREEN, D.O., LTD.			
3. Street Address Principal Business Office 688 FRENCHTOWN ROAD			City EAST GREENWICH	State RI	Zip 02818-
4. Business Phone No. 4018855193		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS A PHYSICIAN					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas L. Green			Vice President Name		
Street Address 688 Frenchtown Road			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Thomas L. Green			Treasurer Name Thomas L. Green		
Street Address 688 Frenchtown Road			Street Address 688 Frenchtown Road		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas L. Green			Director Name		
Street Address 688 Frenchtown Road			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
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
600 COMM NO PAR VALUE			100	common	no par value

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



* 1 2 5 1 2 *

12512 DBC7/8/0311:44:12 AM

File Date 10/17/03

Check No. 39120 C9169

By: Karl

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.

Thomas L. Green 10/16/03

Signature of Officer Date

Thomas L. Green

Print or Type Name of Officer

President

Title of Officer



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. **12512** 2. Name of Corporation **THOMAS L. GREEN, D.O., LTD.**

3. Street Address Principal Business Office **688 Frenchtown Road** City **E. Greenwich** State **RI** Zip **02818**
4. Business Phone No. **401-885-5193** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted In Rhode Island
rendering professional services as a physician

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

President Name Thomas L. Green	Vice President Name
Street Address 688 Frenchtown Road	Street Address
City State Zip E. Greenwich RI 02818	City State Zip
Secretary Name Thomas L. Green	Treasurer Name Thomas L. Green
Street Address 688 Frenchtown Road	Street Address 688 Frenchtown Road
City State Zip E. Greenwich RI 02818	City State Zip E. Greenwich RI 02818

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

Director Name Thomas L. Green	Director Name
Street Address 688 Frenchtown Road	Street Address
City State Zip E. Greenwich RI 02818	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
600 COMM 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 2 5 1 2 *

FILED

File Date: **SEP 13 2002**
Check No.: **081161**
By: **[Signature]**

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] **9/11/02**
Signature of Officer Date

Thomas L. Green
Print or Type Name of Officer

President



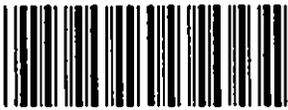
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 12512		2. Name of Corporation THOMAS L. GREEN, D.O., LTD.	
3. Street Address 688 Frenchtown Road		City E. Greenwich	State RI
		Zip 02818	
4. Telephone No. 401-885-5193		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island rendering professional services as a physician			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Thomas L. Green		Vice President Name	
Street Address 688 Frenchtown Road		Street Address	
City E. Greenwich	State RI	City	State
Zip 02818		Zip	
Secretary Name Thomas L. Green		Treasurer Name Thomas L. Green	
Street Address 688 Frenchtown Road		Street Address 688 Frenchtown Road	
City E. Greenwich	State RI	City E. Greenwich	State RI
Zip 02818		Zip 02818	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Thomas L. Green		Director Name	
Street Address 688 Frenchtown Road		Street Address	
City E. Greenwich	State RI	City	State
Zip 02818		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
600 COMM 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



* 1 2 5 1 2 *

File Date: 11-2-01
Check No.: 7431
By: AMF

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: Thomas L. Green Date: 10/30/01
Print or Type Name of Officer: **Thomas L. Green**
PRESIDENT
Title of Officer: **President**



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **12512** 2. Name of Corporation **THOMAS L. GREEN, D.O., LTD.**
3. Street Address Principal Business Office **688 Frenchtown Road** City **E. Greenwich** State **RI** Zip **02818**
4. Business Phone No. **401-885-5193** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island **rendering professional services as a physician**

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

President Name Thomas L. Green Street Address 688 Frenchtown Road City E. Greenwich State RI Zip 02818	Vice President Name Street Address City State Zip
Secretary Name Thomas L. Green Street Address 688 Frenchtown Road City E. Greenwich State RI Zip 02818	Treasurer Name Thomas L. Green Street Address 688 Frenchtown Road City E. Greenwich State RI Zip 02818

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

Director Name Thomas L. Green Street Address 688 Frenchtown Road City E. Greenwich State RI Zip 02818	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
600 COM NO PAR VAL

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 2 5 1 2 *

File Date: 10/14
Check No.: 7057
By: [Signature]

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] 9/27/00
Signature of Officer Date

Thomas L. Green
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 12512		2. Name of Corporation THOMAS L. GREEN, D.O., LTD.			
3. Street Address Principal Business Office 688 Frenchtown Road			City E. Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 885-5193		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island rendering professional services as a physician					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas L. Green			Vice President Name		
Street Address 688 Frenchtown Road			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Thomas L. Green			Treasurer Name Thomas L. Green		
Street Address 688 Frenchtown Road			Street Address 688 Frenchtown Road		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas L. Green			Director Name		
Street Address 688 Frenchtown Road			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
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
600 COM NO PAR VAL			100	Common	No par value

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



* 1 2 5 1 2 *

File Date: _____
Check No.: **SEP 17 1999**
By: **[Signature]** **5990**
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.

Thomas L. Green **9/17/99**
Signature of Officer Date

Thomas L. Green
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **12512** 2. Name of Corporation **THOMAS L. GREEN, D.O., LTD.**
3. Street Address Principal Business Office
688 Frenchtown Road
4. Business Phone No. **(401) 885-5193** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
rendering professional services as a physician

City State Zip
E. Greenwich RI 02818
6. SIC Code
9217

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name
Thomas L. Green

Vice President Name

Street Address

City State Zip

Street Address
688 Frenchtown Road
City State Zip
E. Greenwich RI 02818

Secretary Name
Thomas L. Green
Street Address
688 Frenchtown Road
City State Zip
E. Greenwich RI 02818

Treasurer Name
Thomas L. Green
Street Address
688 Frenchtown Road
City State Zip
E. Greenwich RI 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name
Thomas L. Green
Street Address
688 Frenchtown Road
City State Zip
E. Greenwich RI 02818

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
600 COM NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No par value

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



File Date: 3/10/98
Check No.: 5468
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.
Thomas L. Green 2/24/98
Signature of Officer Date
Thomas L. Green
Print or Type Name of Officer
President
Title of Officer



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. **12512** 2. Name of Corporation **THOMAS L. GREEN, D.O., LTD.**
3. Street Address Principal Business Office **688 Frenchtown Road** City **E. Greenwich** State **RI** Zip **02818**
4. Business Phone No. **(401) 885-5193** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
rendering professional services as a physician

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

President Name Thomas L. Green	Vice President Name
Street Address 688 Frenchtown Road	Street Address
City State Zip E. Greenwich RI 02818	City State Zip
Secretary Name Thomas L. Green	Treasurer Name Thomas L. Green
Street Address 688 Frenchtown Road	Street Address 688 Frenchtown Road
City State Zip E. Greenwich RI 02818	City State Zip E. Greenwich RI 02818

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

Director Name Thomas L. Green	Director Name
Street Address 688 Frenchtown Road	Street Address
City State Zip E. Greenwich RI 02818	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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COM NO PAR VAL		100	Common	No par value

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



File Date: 2/19/97
Check No.: 5118
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.

Thomas L. Green LTD
Signature of Officer Date
Thomas L. Green, D.O., Ltd.
Print or Type Name of Officer
President
Title of Officer

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. 12512		2. NAME OF CORPORATION THOMAS L. GREEN, D.O., LTD.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 688 Frenchtown Road			CITY E. Greenwich	STATE RI	ZIP CODE 02818
4. BUSINESS PHONE NO. (401) 885-5193		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9217	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND rendering professional services as a physician					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Thomas L. Green			VICE PRESIDENT NAME		
STREET ADDRESS 688 Frenchtown Road			STREET ADDRESS		
CITY E. Greenwich	STATE RI	ZIP CODE 02818	CITY	STATE	ZIP CODE
SECRETARY NAME Thomas L. Green			TREASURER NAME Thomas L. Green		
STREET ADDRESS 688 Frenchtown Road			STREET ADDRESS 688 Frenchtown Road		
CITY E. Greenwich	STATE RI	ZIP CODE 02818	CITY E. Greenwich	STATE RI	ZIP CODE 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Thomas L. Green			DIRECTOR NAME		
STREET ADDRESS 688 Frenchtown Road			STREET ADDRESS		
CITY E. Greenwich	STATE RI	ZIP CODE 02818	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	COM NO PAR VAL		100	Common	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.

File Date:

1/30/96

Check No:

4767

By:

[Signature]

For Secretary of State Use Only

Signature of Officer

[Signature]

Thomas L. Green

Print or Type Name of Officer

President

Title of Officer

1/16/96

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: 0012512 Annual Report for the year: 1995

Name of Corporation: THOMAS L. GREEN, D.O., LTD.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

rendering professional services
as a physician

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

688 Frenchtown Rd.
East Greenwich, RI

Phone: (401) 885-5193

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Thomas L. Green	688 Frenchtown Rd.	East Greenwich, RI	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Thomas L. Green	Same		
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
600	Common

Number of Shares	Class / Series
100	Common -

Date January 17, 19 95

By: Thomas L. Green

Thomas L. Green
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1/95

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.

PETER K. ROSEDALE
 824 HOSPITAL TRUST BUILDING
 PROVIDENCE RI 02903

Handwritten: J65906#4427

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

File Annually
LLC Sept. 1 - Nov. 1
CORP Jan 1 - March 1

Corporate ID: 0012512 Annual Report for the year: 1994

Name of Business Entity: THOMAS L. GREEN, D.O., LTD.

Business entity organized under the laws of the State of: R. I.

Federal Taxpayer Identification Number: _____

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

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

688 Frenchtown Road
East Greenwich, RI

Phone: (401) 885-5193

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Thomas L. Green, President
688 Frenchtown Road
East Greenwich, RI

Brief statement of the character of business conducted in Rhode Island.

rendering professional services as a physician

Date of Organization: May 3, 1984

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Thomas L. Green 688 Frenchtown Road, East Greenwich, RI

CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CUSTODIAN OF RECORDS OR SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Thomas L. Green Same

CHIEF FINANCIAL OFFICER OR TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Thomas L. Green Same

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE
Thomas L. Green Same

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>600</u>	NUMBER	<u>100</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>Without par value</u>	PAR VALUE OR WITHOUT PAR	<u>Without par value</u>

Date 3-29 19 94

By: Thomas L. Green

Thomas L. Green
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

FILED

APR 5 1994

BY: 90014133

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

PETER K. ROSEDALE
824 HOSPITAL TRUST BUILDING
PROVIDENCE RI 02903

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....12512..... Annual Report for the year...1993.....

FIRST: The name of the corporation is.....THOMAS L. GREEN, D.O., LTD.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....rendering professional services as a
physician.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

630 Hospital Trust Bldg., P. O. Box 513, Providence, RI 02901.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas L. Green	Director	688 Frenchtown Road, East Greenwich, RI 02818
	Director	
	Director	
Thomas L. Green	President	Same
	Vice President	
Thomas L. Green	Secretary	Same
Thomas L. Green	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without par value

EIGHTH: Number of Shares issued:

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

Rec'd & Filed FEB 23 1993

PLP#14 3743

Dated Feb 2, 19 93

THOMAS L. GREEN, D.O., LTD.
(Name of Corporation)

By *Thomas L. Green*

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0012512..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....THOMAS L. GREEN, D.O., LTD.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....rendering professional services as a physician.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

824 Hospital Trust Bldg., P. O. Box 513, Providence, RI 02901

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas L. Green	Director	700 Main St., East Greenwich, RI
	Director	
	Director	
Thomas L. Green	President	Same
	Vice President	
Thomas L. Green	Secretary	Same
Thomas L. Green	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without par value

EIGHTH: Number of Shares issued:

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

Rec'd & Filed APR 02 1991

Dated March 26 19⁹¹

THOMAS L. GREEN, D.O., LTD.

(Name of Corporation)

By Thomas L. Green

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 12512 Annual Report for the year 1990

FIRST: The name of the corporation is THOMAS L. GREEN, D.O., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as a
physician

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

824 Hospital Trust Bldg., P.O. Box 513 Providence, RI 02901

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Thomas L. Green</u>	<u>Director</u>	<u>700 Main St., East Greenwich, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Thomas L. Green</u>	<u>President</u>	<u>Same</u>
	<u>Vice President</u>	
<u>Thomas L. Green</u>	<u>Secretary</u>	<u>Same</u>
<u>Thomas L. Green</u>	<u>Treasurer</u>	<u>Same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>600</u>	<u>Common</u>	

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
FEB 20 1990
Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>100</u>	<u>Common</u>

PAID
FEB 20 1990
SECRETARY OF STATE
Without par value

Dated Feb 1, 19 90

THOMAS L. GREEN, D.O., LTD.
(Name of Corporation)

By Thomas L. Green

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

12512

1989

Corporate ID..... Annual Report for the year.....

FIRST: The name of the corporation is..... THOMAS L. GREEN, D.O., LTD.

SECOND: It is incorporated under the laws of..... Rhode Island

THIRD: Character of business, briefly stated, is..... rendering professional services
as a physician

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

824 Hospital Trust Building, P.O. Box 513, Providence, RI 02901

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas L. Green	Director	700 Main St., East Greenwich, RI
	Director	
	Director	
Thomas L. Green	President	Same
	Vice President	
Thomas L. Green	Secretary	Same
Thomas L. Green	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without par value

EIGHTH: Number of Shares issued:

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

PAID
MAY 10 1989
SECRET
MAY 10 1989

Dated..... 2/14 19 89

THOMAS L. GREEN, D.O., LTD.

(Name of Corporation)

By..... *Thomas L. Green*

Title..... President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

D. J.

Corporate ID..... 12512 Annual Report for the year 1988

FIRST: The name of the corporation is..... THOMAS L. GREEN, D.O., LTD.

SECOND: It is incorporated under the laws of..... Rhode Island

THIRD: Character of business, briefly stated, is..... rendering professional services as a
physician.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

824 Hospital Trust Bldg., P. O. Box 513, Providence, RI 02901.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas L. Green	Director	700 Main St., East Greenwich, RI
	Director	
	Director	
Thomas L. Green	President	Same
	Vice President	
Thomas L. Green	Secretary	Same
Thomas L. Green	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without par value

EIGHTH: Number of Shares issued:

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

Rec'd & Filed MAR 04 1988

PAID

MAR 18 1988

Dated *March 3,* 19 88. **SECY OF STATE** THOMAS L. GREEN, D.O., LTD.
(Name of Corporation)

By *Thomas L. Green*.....

(Report must be signed by an officer)

Title..... President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 12512 Annual Report for the year 1987

FIRST: The name of the corporation is THOMAS L. GREEN, D.O., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering professional services as a
physician

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

824 Hospital Trust Building, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Thomas L. Green</u>	<u>Director</u>	<u>700 Main St., East Greenwich, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Thomas L. Green</u>	<u>President</u>	<u>Same</u>
	<u>Vice President</u>	
<u>Thomas L. Green</u>	<u>Secretary</u>	<u>Same</u>
<u>Thomas L. Green</u>	<u>Treasurer</u>	<u>Same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>Without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>		<u>Without par value</u>

PAID APR 10 1987
MAR 11 1987
SECY. OF STATE

Dated Feb. 28 19 87

THOMAS L. GREEN, D.O., LTD.
(Name of Corporation)

By Thomas L Green DO

Title President

(Report must be signed by an officer)

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1986

FIRST: The name of the corporation is Thomas L. Green, D.O., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical services.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 824 Hospital Trust Building, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Thomas L. Green	Director	700 Main Street, Ea. Greenwich, RI
	Director	
	Director	
Thomas L. Green	President	700 Main Street, Ea. Greenwich, RI
	Vice President	Same
Thomas L. Green	Secretary	Same
Thomas L. Green	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	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: 2/20 19 86 Thomas L. Green, D.O., Ltd.
(Name of Corporation)

By: *Thomas L. Green*
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

MAR 7 1986 *Jm*

Filing fee: \$15.00

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

12512 ✓

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is Thomas L. Green, D.O., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is general practice of medicine

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

824 Hospital Trust Bldg., Prov., RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Thomas L. Green	Director	700 Main St., East Greenwich, RI
	Director	
	Director	
Thomas L. Green	President	Same
	Vice President	
Thomas L. Green	Secretary	Same
Thomas L. Green	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without par value

EIGHTH: Number of Shares issued:

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

Dated: 2/28 1985

Thomas L. Green, D.O., Ltd.
(Name of Corporation)

By: Thomas L. Green D.O.

Title: President

(Report must be signed by an officer)

RECEIVED MAR 1985

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040