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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
16012	Newport County Medical Treatment Office, Inc.			
3. Street Address Principal Business Office		City	State	Zip
67 VALLEY ROAD		MIDDLETOWN	RI	02840
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4017388650	RHODE ISLAND			7245
7. Brief Description of the Character of Business Conducted in Rhode Island				
MANAGEMENT OF MEDICAL OFFICE				

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

President Name			Vice President Name		
ROBERT L. GORDON, MD			NONE		
Street Address			Street Address		
1131 WARWICK AVE.					
City	State	Zip	City	State	Zip
WARWICK	RI	02886			
Secretary Name			Treasurer Name		
ROBERT L. GORDON, MD			ROBERT L. GORDON, MD		
Street Address			Street Address		
1131 WARWICK AVE			1131 WARWICK AVE		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886

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

Director Name			Director Name		
NONE-A CLOSE CORPORATION					
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
6,000	COMM	NO PAR VALUE	100	COMMON/NONE	NONE

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

[redacted] 1 6 0 1 2 [redacted]

16012 DBC 02/14/06 04:15:35 PM
File Date 2/15/06
Check No. 1275
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] 2/15/06
Signature of Officer *Date*

Robert L. Gordon, MD
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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.	2. Name of Corporation		
16012	Newport County Medical Treatment Office, Inc.		
3. Street Address Principal Business Office	City	State	Zip
67 VALLEY RD	MIDDLETOWN	RI	02840
4. Business Phone No.	5. State of Incorporation		6. SIC Code
4017388650	RHODE ISLAND		7245

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGEMENT OF MEDICAL OFFICE

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

President Name	Vice President Name
Robert L. Gordon, MD	none
Street Address	Street Address
67 Valley Rd	
City / State / Zip	City / State / Zip
Middletown / RI / 02840	
Secretary Name	Treasurer Name
Robert L. Gordon, MD	Robert L. Gordon, MD
Street Address	Street Address
67 Valley Rd	67 Valley Rd
City / State / Zip	City / State / Zip
Middletown / RI / 02840	Middletown / RI / 02840

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

Director Name	Director Name
None - A Close Corporation	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

RECEIVED
2004 APR 6 A 9:
SECRETARY OF STATE
CORPORATIONS

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

Number of Shares	Class/Series	Par Value
6,000 COMM NO PAR VALUE		

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

Number of Shares	Class/Series	Par Value
100	common/none	no par value

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

[redacted] [barcode] 1 6 0 1 2

FILED
MAY 06 2004
By true
C 30420

16012 DBC 03/29/04 03:36:07 PM
File Date
Check No.
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.

Robert L. Gordon 3/30/04
Signature of Officer *Date*

Robert L. Gordon, MD
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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.	2. Name of Corporation			
16012	Newport County Medical Treatment Office, Inc.			
3. Street Address Principal Business Office		City	State	Zip
67 VALLEY RD		MIDDLETOWN	RI	02840
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4017388650	RHODE ISLAND			7245
7. Brief Description of the Character of Business Conducted in Rhode Island				
MANAGEMENT OF MEDICAL OFFICE				

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

President Name			Vice President Name		
Robert L. Gordon, MD			none		
Street Address			Street Address		
67 Valley Rd					
City	State	Zip	City	State	Zip
Middletown	RI	02840			
Secretary Name			Treasurer Name		
Robert L. Gordon, MD			Robert L. Gordon, MD		
Street Address			Street Address		
67 Valley Rd			67 Valley Rd		
City	State	Zip	City	State	Zip
Middletown	RI	02840	Middletown	RI	02840

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

Director Name			Director Name		
None - A Close Corporation					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

RECEIVED
STATE
SECRETARY OF STATE
APR 1 4 PM '04

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
6,000	COMM	NO PAR VALUE	100	common/none	no par value

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

[redacted] [barcode] 1 6 0 1 2

FILED
MAY 06 2004
By KMC
C 30420

16012 DBC 03/29/04 02:57:55 PM

File Date

Check No.

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.

Signature of Officer 3/30/04 *Date*

Robert L. Gordon, MD
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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

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.	2. Name of Corporation			
16012	Newport County Medical Treatment Office, Inc.			
3. Street Address Principal Business Office		City	State	Zip
67 VALLEY RD		MIDDLETOWN	RI	02840
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4017388650	RHODE ISLAND			7245

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGEMENT OF MEDICAL OFFICE

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

President Name			Vice President Name		
Robert L. Gordon, M.D.			None		
Street Address			Street Address		
58 Gaspee Point Drive					
City	State	Zip	City	State	Zip
Warwick	ri	02888			
Secretary Name			Treasurer Name		
Robert L. Gordon, M.D.			Robert L. Gordon, M.D.		
Street Address			Street Address		
58 Gaspee Point Drive			58 Gaspee Point Drive		
City	State	Zip	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888

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

Director Name			Director Name		
None - a close corporation					
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*
6,000 COMM NO PAR VALUE			100	common/none	no par value

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

[redacted] *16012*

16012 DBC8/19/0212:17:30 PM
File Date 9-10-02
Check No. 22021
By: dc
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.

Robert L Gordon
Signature of Officer *Date*

Robert L. Gordon, M.D.
Print or Type Name of Officer

[redacted] 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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation		
16012	Newport County Medical Treatment Office, Inc.		
Street Address Principal Business Office	**City**	**State**	**Zip**
67 Valley Road	Middletown	RI	02840
4. Business Phone No.	**5. State of Incorporation**		**6. SIC Code**
(401) 738-8650	Rhode Island		7245

7. Brief Description of the Character of Business Conducted in Rhode Island
Management of Medical Office

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

President Name	Vice President Name
Robert L. Gordon, M.D.	None
Street Address	**Street Address**
58 Gaspee Point Drive	
City / State / Zip	**City / State / Zip**
Warwick / RI / 02888	
Secretary Name	**Treasurer Name**
Robert L. Gordon, M.D.	Robert L. Gordon, M.D.
Street Address	**Street Address**
58 Gaspee Point Drive	58 Gaspee Point Drive
City / State / Zip	**City / State / Zip**
Warwick / RI / 02888	Warwick / RI / 02888

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

Director Name	Director Name
None - CLOSED CORPORATION	
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
6000 SHS NO PAR COM			100	COMMON/NONE	NO PAR VALUE

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

FILED

File Date: NOV 05 2001

By Cc 20740

Check No.: a

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.

Robert L. Gordon
Signature of Officer — Date

ROBERT L. GORDON, M.D.
Print or Type Name of Officer

PRESIDENT
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

STOP
PLEASE READ INSTRUCTIONS

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.: 16012
2. Name of Corporation: Newport County Medical Treatment Office, Inc.
3. Street Address Principal Business Office: 67 VALLEY ROAD
   City: MIDDLETOWN State: RI Zip: 02840
4. Business Phone No.: 738-8650
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7245
7. Brief Description of the Character of Business Conducted in Rhode Island: MANAGEMENT OF MEDICAL OFFICE

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

President Name: ROBERT L. GORDON	Vice President Name: NONE
Street Address: 58 GASPEE POINT DRIVE	Street Address:
City: WARWICK State: RI Zip: 02888	City: State: Zip:
Secretary Name: ROBERT L. GORDON	Treasurer Name: NONE
Street Address: 58 GASPEE POINT DRIVE	Street Address:
City: WARWICK State: RI Zip: 02888	City: State: Zip:

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

Director Name: NONE - CLOSE CORPORATION	Director Name:
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
6000 SHS	NO PAR COM	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON/NONE	NO PAR VALUE

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

[redacted]

* 1 6 0 1 2 *

[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.

Robert L. Gordon 4/13/2000
Signature of Officer *Date*

ROBERT L. GORDON, M.D.
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: _____

Check No.: 1.1.1 3 [illegible]

By: [illegible] 18026

FOR SECRETARY OF STATE USE ONLY

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
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation
16012	NEWPORT COUNTY MEDICAL TREATMENET OFFICE, INC.

3. Street Address Principal Business Office	City	State	Zip
67 VALLEY ROAD	MIDDLETOWN	RI	02840

4. Business Phone No.	5. State of Incorporation	6. SIC Code
738-8650	RHODE ISLAND	7245

7. Brief Description of the Character of Business Conducted in Rhode Island

MANAGEMENT OF MEDICAL OFFICE

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

President Name	Vice President Name
ROBERT L. GORDON, M.D.	NONE
Street Address	**Street Address**
58 GASPEE POINT DRIVE	
City / State / Zip	**City / State / Zip**
WARWICK. RI 02888	
Secretary Name	**Treasurer Name**
DANIEL REGAN, M.D.	NONE
Street Address	**Street Address**
22 EVERGREEN STREET	
City / State / Zip	**City / State / Zip**
BARRINGTON RI 02806	

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

Director Name	Director Name
NONE - CLOSE CORPORATION	
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
6000 SHS	NO PAR COM	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON/NONE	NO PAR VALUE

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

[redacted]

File Date: 6/28/99

Check No.: 16585

By: JB

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.

Robert L. Gordon MD — 5/26/99
Signature of Officer — *Date*

ROBERT L. GORDON, M.D.
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

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
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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.: 16012

2. Name of Corporation: NEWPORT COUNTY MEDICAL TREATMENT OFFICE, INC.

3. Street Address Principal Business Office: 67 VALLEY ROAD
City: MIDDLETOWN State: RI Zip: 02840

4. Business Phone No.: 738-8650

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 7245

7. Brief Description of the Character of Business Conducted in Rhode Island:
MANAGEMENT OF OF MEDICAL OFFICE

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

President Name: ROBERT L. GORDON, M.D.
Street Address: 58 GASPEE POINT DRIVE
City: WARWICK State: RI Zip: 02888

Vice President Name:
Street Address:
City: State: Zip:

Secretary Name: DANIEL REGAN, M.D.
Street Address: 22 EVERGREEN STREET
City: BARRINGTON State: RI Zip: 02806

Treasurer Name: JAMES GLOOR
Street Address: 174 GIBSON AVENUE
City: NARRAGANSETT State: RI Zip: 02882

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

Director Name: NONE - A CLOSE CORPORATION
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
6000 SHARES	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON/NONE	NO PAR VALUE

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

[redacted]

File Date: 2.10.98
Check No.: 13895
By: TCP
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.

Robert L Gordon MD 1/14/98
Signature of Officer *Date*

ROBERT L. GORDON, M.D.
Print or Type Name of Officer

[redacted]

PRESIDENT
Title of Officer

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
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.: **16012**

2. Name of Corporation: **Newport County Medical Treatment Office, Inc.**

3. Street Address Principal Business Office: 67 VALLEY ROAD
City: MIDDLETOWN State: RI Zip: 02840

4. Business Phone No.: 738-8650

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island:
MANAGEMENT OF MEDICAL OFFICE

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

President Name: ROBERT L. GORDON, M.D.
Street Address: 58 GASPEE POINT DRIVE
City: WARWICK State: RI Zip: 02888

Vice President Name: NONE
Street Address:
City: State: Zip:

Secretary Name: DANIEL REGAN, M.D.
Street Address: 22 EVERGREEN STREET
City: BARRINGTON State: RI Zip: 02806

Treasurer Name: JAMES GLOOR, M.D.
Street Address: 174 GIBSON AVENUE
City: NARRAGANSETT State: RI Zip: 02882

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

Director Name: NONE - CLOSE CORPORATION
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 AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
6000 SHS NO PAR COM			100	COMMON/NONE	NO PAR VALUE

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

* 1 6 0 1 2 *

File Date: 3.5.97

Check No.: 14967

By: ICP

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.

Robert L. Gordon 2/24/97
Signature of Officer *Date*

ROBERT L. GORDON, M.D.
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.	2. NAME OF CORPORATION
16012	Newport County Medical Treatment Office, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
67 VALLEY ROAD	MIDDLETOWN	RI	02840

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
738-8650	RHODE ISLAND	7245

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
MANAGEMENT OF MEDICAL OFFICE

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
ROBERT L. GORDON, M.D.	NONE
STREET ADDRESS	STREET ADDRESS
58 GASPEE POINT DRIVE	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
WARWICK / RI / 02886	
SECRETARY NAME	TREASURER NAME
DANIEL REGAN, M.D.	JAMES GLOOR, M.D.
STREET ADDRESS	STREET ADDRESS
22 EVERGREEN STREET	174 GIBSON AVENUE
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
BARRINGTON / RI / 02806	BARRINGTON / RI / 02882

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
NONE - CLOSE CORPORATION	
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	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
6000 SHS NO PAR COM			100	COMMON/NONE	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.

Robert L. Gordon
Signature of Officer

ROBERT L. GORDON, M.D.
Print or Type Name of Officer

PRESIDENT
Title of Officer

Date

File Date: 9-11-96

Check No: 16089

By: WP/GP

For Secretary of State Use Only

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: 0016012 Annual Report for the year: 1995

Name of Corporation: Newport County Medical Treatment Office, Inc.

Business entity organized under the laws of the State of: RHODE ISLAND

For foreign entity, address and telephone number of principal office:
NONE

Phone: ( )

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

Phone: ( )

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
MANAGEMENT OF MEDICAL OFFICE

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT ROBERT L. GORDON, M.D.	58 GASPEE POINT ~~ROAD~~ DRIVE	WARWICK, RI	02888
VICE PRESIDENT NONE			
SECRETARY DANIEL REGAN, M.D.	22 EVERGREEN STREET	BARRINGTON, RI	02806
TREASURER JAMES GLOOR, M.D.	174 GIBSON AVENUE	NARRAGANSETT, RI	02882

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NONE - A CLOSE CORPORATION			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
6000	COMMON/NONE	100	COMMON/NONE

Date March 8, 1995 . 19 95

By: Robert L Gordon
ROBERT L. GORDON, M.D.
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 '/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.

ROBERT V. ROSSI
124 TAUNTON AVENUE
EAST PROVIDENCE RI 00000

FILED
MAR 10 1995.
DN 11659
Cust 112541

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

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

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

PLPCK #6458 $150.00
D4's 11810, 16046, 16012

Corporate ID 0016012 Annual Report for the year: 1994

Name of Business Entity: Newport County Medical Treatment Office,

Business entity organized under the laws of the State of: Rhode Island

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):

67 Valley Road
Middletown, RI 02840

Phone: (401) 738-8650

Business Entity is (check one):

[X] 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:

Robert V. Rossi
Rossi Law Offices, Ltd.
124 Taunton Avenue
East Providence, RI 02914

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

Management of Medical Office

Date of Organization: January 12, 1979

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

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)	Robert L. Gordon, M.D.	58 Gaspee Point Drive	Warwick, RI	02888
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)				
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)	Daniel Regan, M.D.	22 Evergreen Street	Barrington, RI	02806
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)	James Gloor, M.D.	174 Gibson Avenue	Narragansett, RI	02882

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 6000
CLASS Common
SERIES None
PAR VALUE OR WITHOUT PAR Without Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100
CLASS Common
SERIES None
PAR VALUE OR WITHOUT PAR Without Par

Date 3-12-1994

By: Robert L. Gordon

Robert L. Gordon, M.D.
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1/94

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

FILED
MAR 1 [illegible]
BY ME59

ROBERT V. ROSSI
124 TAUNTON AVENUE
E. PROVIDENCE RI 00000

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 0016012 Annual Report for the year 1993

FIRST: The name of the corporation is Newport County Medical Treatment Office,

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Office Management

FOURTH: If foreign corporation, address of its principal office None

FIFTH: Business address in Rhode Island 67 valley Raod, Middletown, Rhode Island

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

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Robert L. Gordon, M.D.	President	58 Gaspee Point Drive, Warwick, RI
Steven Pezzullo, M.D.	Vice President	196 Stonedam Road, North Scituate, RI
Daniel Regan, M.D.	Secretary	22 Evergreen Street, Barrington, Ri
James Gloor, M.D.	Treasurer	174 Gibson Avenue, Narragansett, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	No Par Value

P...D

MAR 2 9 1993

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

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

Dated ..... 19 .....

Newport County Medical Treatment Office, Inc.
(Name of Corporation)

By Robert L. Gordon M.D.

(Report must be signed by an officer)

Title President

Form 31 7/85

Filing Fee $50.00

3856

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 0016012 Annual Report for the year 1992

FIRST: The name of the corporation is Newport County Medical Treatment Offi

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Office Management

FOURTH: If foreign corporation, address of its principal office None

FIFTH: Business address in Rhode Island 67 Valley Road, Middletown, Rhode Island

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

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Rober L. Gordon, M.D.	President	58 Gaspee Point Drive, Warwick, RI
Steven Pezzullo, M.D.	Vice President	196 Stonedam Road, N. Scituate, RI
Daniel Regan, M.D.	Secretary	22 Evergreen Street, Barrignton, RI
James Gloor, M.D.	Treasurer	174 Gibson Avenue, Narragansett, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	No Par Value

Rec'd & Filed MAR 26 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	None	No Par Value

Dated February 19 92

Newport County Medical Treatment Office, Inc.
(Name of Corporation)

By Robert L. Gordon, MD

Title President

(Report must be signed by an officer)

Form 31 1/85

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 0016012 NC Annual Report for the year 1991

FIRST: The name of the corporation is Newport County Medical Treatment Office

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Office Management

FOURTH: If foreign corporation, address of its principal office None

FIFTH: Business address in Rhode Island 67 Valley Road, Middletown, Rhode Island

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

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Robert L. Gordon, M.D.	President	58 Gaspee Pt. Drive, Warwick, RI
Steven Pezzullo, M.D.	Vice President	~~RR #2~~ 196 Stonedam Road, N. Scituate, RI
Daniel Regan, M.D.	Secretary	22 Evergreen Street, Barrington, RI
James Gloor, M.D.	Treasurer	~~175~~ 174 Gibson Avenue, Narragansett, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	No Par Value

PAID
FEB 25 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	None	No Par Value

Dated January 19 91

Newport County Medical Treatment Office, Inc
(Name of Corporation)

By Robert L. Gordon M.D.

(Report must be signed by an officer)

Title President

Form 31 1/85

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

AT

Corporate ID 0016012 Annual Report for the year 1990

FIRST: The name of the corporation is Newport County Emergency and Medical Tre now known as Newport County Medical Treatement Office, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Office Management

FOURTH: If foreign corporation, address of its principal office none

FIFTH: Business address in Rhode Island 67 Valley Rd. Middletown, Rhode Island

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

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Robert L. Gordon, M.D.	President	58 Gaspee Pt. Dr., Warwick, RI
Steven Pezzullo, M.D.	Vice President	RR #2 Stonedam Rd., S. Scituate, RI
Daniel Regan, M.D.	Secretary	22 Evergreen St. Barrington, RI
James Gloor, M.D.	Treasurer	175 Gibson Ave. Narragansett, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	No Par Value

PAID
MAR 8 '90
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	None	No Par Value

Dated March 5 19 90

Newport County Medical Treatment Office, Inc
(Name of Corporation)

By Robert L. Gordon M.D.

Title President

(Report must be signed by an officer)

Form 31 1/85

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 0016012 Annual Report for the year 1989

FIRST: The name of the corporation is Newport County Emergency and Medical Trea

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is management of medical office.

FOURTH: If foreign corporation, address of its principal office none

FIFTH: Business address in Rhode Island 67 Valley Road, Middletown, Rhode Island 02840

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

Name	Office	Address (including number, street, zip code)
None (a close corporation)	Director	
	Director	
	Director	
Robert L. Gordon, M.D.	President	58 Gaspee Point Dr., Warwick, RI
Steven Pezzullo, M.D.	Vice President	RR #2, Stonedam Rd., N. Scituate, RI
Daniel Regan, M.D.	Secretary	22 Evergreen Street, Barrington, RI
James Gloor, M.D.	Treasurer	175 Gibson Ave., Narragansett, RI

SEVENTH: Number of Shares authorized:

PAID
JAN 17 1989
SECY OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	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	None	Without Par value

Dated February 19 89

NEWPORT COUNT EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(Name of Corporation)

By Robert L. Gordon
ROBERT L. GORDON

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

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 16012 Annual Report for the year 1988

FIRST: The name of the corporation is Newport County Emergency and Medica l Treatment Office, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is management of medical office.

FOURTH: If foreign corporation, address of its principal office none.

FIFTH: Business address in Rhode Island 67 Valley Road, Middletown, Rhode Island 02840

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

Name	Office	Address (including number, street, zip code)
None (a close corporation)	Director	
	Director	
	Director	
Robert L. Gordon, M.D.	President	58 Gaspee Point Drive, Warwick, RI
Steven Pezzullo, M.D.	Vice President	RR #2, Stonedam Road, North Scituate, RI
Daniel Regan, M.D.	Secretary	24 Herrick Road, North Andover, MA
James Gloor, M.D.	Treasurer	175 Gibson Avenue, Narragansett, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	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	None	Without par value

06/28/88 PAID
ANRE CHEK 0217A001 15.00 15.00

Dated March 1, 19 88

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(Name of Corporation)

By Robert L. Gordon MD
ROBERT L. GORDON
PRESIDENT
Title

(Report must be signed by an officer)

Form 31 1/85

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 16012 Annual Report for the year 1987

FIRST: The name of the corporation is Newport County Emergency and Medica l Treatment Office, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is management of medical office.

FOURTH: If foreign corporation, address of its principal office none

FIFTH: Business address in Rhode Island 67 Valley Road, Middletown, Rhode Island 02840

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

Name	Office	Address (including number, street, zip code)
None (a close corporation)	Director	
	Director	
	Director	
Robert L. Gordon, M.D.	President	58 Gaspee Point Dr., Warwick, RI
Steven Pezzullo, M.D.	Vice President	RR #2,Stonedam Rd., N.Scituate, RI
Daniel Regan, M.D.	Secretary	24 Herrick Road, No. Andover, MA
James Gloor, M.D.	Treasurer	175 Gibson Ave., Narragansett, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	Without par value

EIGHTH: Number of Shares issued:

PAID
APR 8 1987
MAR 1 1 1987
SECRETARY OF STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	None	without par value

Dated January 15, 19 87

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(Name of Corporation)

By Robert L. Gordon M.D.
ROBERT L. GORDON

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

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 16012 Annual Report for the year 1986

FIRST: The name of the corporation is Newport County Emergency and Medica

l Treatment Office, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is management of medical office

FOURTH: If foreign corporation, address of its principal office None

FIFTH: Business address in Rhode Island 67 Valley Road, Middletown, RI 02840

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

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
ROBERT L. GORDON, M.D.	President	58 Gaspee Point Dr., Warwick, RI
	Vice President	
ROBERT L. GORDON, M.D.	Secretary	58 Gaspee Point Dr., Warwcik, RI
ROBERT L. GORDON, M.D.	Treasurer	58 Gaspee Point Dr., Warwick, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
6000	Common	None	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	None	Without par value

01/27/86 PAID

FEB 15 1986

Dated January 15, 1986

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(Name of Corporation)

By Robert L. Gordon
ROBERT L. GORDON

(Report must be signed by an officer)

Title PRESIDENT

Form 31 1/85

Filing fee: $15.00

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

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

CORPORATE ID 16012 Annual Report for the year 1985

FIRST: The name of the corporation is NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is management of medical office

FOURTH: If foreign corporation, address of its principal office none

FIFTH: Business address in Rhode Island

67 Valley Road, Middletown, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
None	Director	
	Director	
	Director	
ROBERT L. GORDON, M.D.,	President	58 Gaspee Point Dr., Warwick, RI
	Vice President	
ROBERT L. GORDON, M.D.,	Secretary	58 Gaspee Point Dr., Warwick, RI
ROBERT L. GORDON, M.D.,	Treasurer	58 Gaspee Point Dr., Warwick, RI

(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
6000	COMMON	NONE	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	NONE	without par value

RECEIVED MAR 1985

Dated: January 15, 1985

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(Name of Corporation)

By Robert L. Gordon
ROBERT L. GORDON, M.D.

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

FORM 31 11-82

Filing fee: $15.00

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

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

Annual Report for the year 1984

FIRST: The name of the corporation is Newport County Emergency and Medical Treatment Office, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is management of medical office

FOURTH: If foreign corporation, address of its principal office

Not applicable

FIFTH: Business address in Rhode Island

67 Valley Road, Middletown, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Robert L. Gordon	Director	58 Gaspee Pt. Dr., Warwick, RI
	Director	
	Director	
Robert L. Gordon	President	58 Gaspee Pt. Dr., Warwick, RI
Robert L. Gordon	Vice President	SAME
Robert L. Gordon	Secretary	58 Gaspee Pt. Dr., Warwick, RI
Robert L. Gordon	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
6,000	Common	None	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	None	Without par value

Dated: February 28, 1984

Newport County Emergency and Medical Treatment Office, Inc.
(Name of Corporation)

By Robert L. Gordon

Title President

(Report must be signed by an officer)

JUL 1984

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

M 31 11-82

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is NEWPORT COUNY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering of medical care and treatment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 67 Valley Road, Middletown, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Robert L. Gordon	Director	58 Gaspee Point Dr., Warwick, RI
	Director	
	Director	
Robert L. Gordon	President	58 Gaspee Point Dr., Warwick, RI
Robert L. Gordon	Vice President	SAME
Robert L. Gordon	Secretary	SAME
Robert L. Gordon	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
8000	Common	No Series	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 Series	No Par Value

Dated: February 21, 19 83

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(Name of Corporation)

By: Robert L. Gordon, MD

Title: President

(Report must be signed by an officer)

MAR 11 1983

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

Form 31 — 10-81

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is to provide medical treatment facility.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 767 Pontiac Avenue, Cranston, Rhode Island 02910

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Robert L. Gordon	Director	58 Gaspee Point Dr., Warwick, R. I.
	Director	
	Director	
Robert L. Gordon	President	same as above
Robert L. Gordon	Vice President	same as above
Robert J. DeCesaris	Secretary	767 Pontiac Ave., Cran., R. I.
Robert L. Gordon	Treasurer	58 Gaspee Point Dr., Warwick, R. I.

(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
6,000	common	no series	no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	no series	no par

6 21 82

9568A14

Dated: May 6, 1982

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(Name of Corporation)

By

Title Secretary

(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

Form 31 — 10-61

JUN 21 1982

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 767 Pontiac Avenue, Cranston, Rhode Island

and the name of its registered agent in Rhode Island at such address is Robert J. DeCesaris

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is to provide medical treatment facility.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Robert L. Gordon	Director	58 Gaspee Point Dr., Warwick, RI
	Director	
	Director	
	Director	
	Director	
	Director	
Robert L. Gordon	President	see above
Robert L. Gordon	Vice President	" "
Robert L. Gordon	Secretary	" "
Robert J. DeCesaris	Treasurer	767 Pontiac Ave., Cranston, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
6,000	common	no series	no par

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	common	no series	no par

Dated 10/15, 19

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(NAME OF CORPORATION)

By R.S.

Its Sec.

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

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THIRD: The address of its registered office in Rhode Island is 767 Pontiac Avenue, Cranston, Rhode Island 02910

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FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is providing medical treatment.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
George L. Gordon	Director	58 Gaspee Pt. Dr., Warwick, RI
George M. Gordon	Director	Washington St., Newport, RI
Robert J. DeCesaris	Director	767 Pontiac Avenue, Cranston, RI
	Director	
	Director	
	Director	
George L. Gordon	President	58 Gaspee Pt. Dr., Warwick, RI
George M. Gordon	Vice President	Washington St., Newport, RI
Robert J. DeCesaris	Secretary	767 Pontiac Ave., Cranston, RI
Robert L. Gordon	Treasurer	58 Gaspee Pt. Dr., Warwick, RI

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
6,000	common	no series	no par value

Dated January, 1980

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.
(NAME OF CORPORATION)

By Robert J. DeCesaris
Its secretary