

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 BL	ACK)	g 1 cc. 050.00				
1. Corporate 1D No.	2. Name of Corpora		- 42			
16012	<u>, </u>	nty Medical Treatment	Office, Inc.			
3. Street Address Principal Busine	ss 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 Charac MANAGEMENT OF MEDICA		icted in Rhode Island				
8. NAMES AND ADDRESS.	ES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SP.	ACES BEFORE USING ATTA	CHMENTS MANUACT	
President Name ROBERT L. GORDON, 1	MD		Vice President Name NONE		_	
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
1131 WARWICK AVE.			•			
City	State	Zip	City	State	Zip	
WARWICK	RI	02886	•		•	
Secretary Name			Treasurer Name			
ROBERT L. GORDON, I	MD		ROBERT L. GORDO	N, MD		
Street Address			· Sireei Address	· -		
1131 WARWICK AVE			.1131 WARWICK AV	E		
City	State	Zip	City	State	Zip	
WARWICK	RI	02886	WARWICK	RI	02886	
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR AT		SPACES BEFORE USING ATT	ACHMENTS	
Director Name			Director Name			
NONE-A CLOSE CORPO	RATION		•			
Street Address			· Street Address			
City	State	Zip	·City	State	Zip	
Director Name Street Address			*Street Address			
City	State	Zip	.City	State	Zip	
•			• *			
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT)	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 V	ALUE		100	COMMON/NONE	NONE	
•						
This report must be signed	in ink by either	the President, Vice Pre	Under penalty of per	stant Secretary, Treasurer, rjury, I declare and affirm that g any accompanying schedules	I have examined	
16012 DBC 02/14/05 0 File Date 75 Check No.	4:15:35 PM		and that all statements	ts contained herein are true and Grade Date		
W / 1 /			Robert L. G			
B _V :			Print or Type Name of			
By: FOR SECRETARY OF STATE U	JSE ONLY				Form 630 12/01	



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

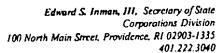
Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 16012 Newport County Medical Treatment Office, Inc. 3. Street Address Principal Business Office Sale 67 VALLEY RD MIDDLETOWN RI 02840 4. Business Phone No. 5. State of Incorporation 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 State City State Zip City Middletown RI 02840 Treasurer Name Secretary Name Robert L. Gordon, MD Robert L. Gordon, MD Street Address Street Address 67 Valley Rd .67 Valley Rd City City State 7.ip State Middletown 02840 02840 RI Middletown RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS icik REJ Director Name Director Name None - A Close Corporation Street Address 2 K 2 Street Address State City State Zip ·City Zψ ·.C.7. Director Name Director Name Street Address Street Address City Zio State State City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSŪED SHARES Par Value Number of Shares Par Value Number of Shares Class/Series Class/Series 100 common/none no par value 6.000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee MAY 06 2004 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. *16012 DBC 03/29/04 03:36:07 PM File Date Check No. Robert L. Gordon, MD Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Form 630 12/01 Title of Officer



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) I. Corporate ID No. 2. Name of Corporation Newport County Medical Treatment Office, Inc. 16012 3. Street Address Principal Business Office State 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 State City Zip City State Zip Middletown RI 02840 Secretary Name Treasurer Name Robert L. Gordon, Robert L. Gordon, MD MD Street Address Street Address 67 Valley Rd .67 Valley Rd 028402 City State Ciy State RI 02840 RI Middletown Middletown 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None - A Close Corporation Street Address ·Sireei Address U. C State City State Zip City Director Name Director Name Street Address Street Address .Ciy Zσ City State State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series no par value 6,000 COMM NO PAR VALUE 100 common/none This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee MAY 06 2004 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, *16012 DBC 03/29/04 02:57:55 PM* BY and that all statements contained herein are true and correct. File Date Robert L. Gordon, MD Check No. Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01





(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

2. Name of Corporation 1. Corporate ID No. Newport County Medical Treatment Office, Inc. *16012* Zφ State 3. Street Address Principal Husiness Office RI 02840 MIDDLETOWN 67 VALLEY RD 6. SIC Code 5. State of Incorporation 4. Business Phone No. 7245 RHODE ISLAND 4017388650 7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGEMENT OF MEDICAL OPPICE 8. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name . None Robert L. Gordon, M.D. Street Address Street Address 58 Gaspee Point Drive 7io City State Zφ State City 02888 Warwick Treasurer Name Sccretary Name Robert L. Gordon, M.D. Robert L. Gordon, M.D. · Street Address Street Address .58 Gaspee Point Drive 58 Gaspee Point Drive Zip City 7.tp State City 02888 RI Warwick 02888 RI Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS C'X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None - a close corporation Sirces Address Street Address Zip State Zip City State Director Name Director Name Street Address Street Address Zip State .Cin State Zin City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Class/Series Par Value Number of Shares Par Value Class/Series Number of Shares no par value common/none 100 6,000 COMM 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. *16012 DBC8/19/0212:17:30 PM* 9-10-02 Signature of Officer Robert L. Gordon, M.D. Check No.

Print or Type Name of Officer

Form 630 12/01

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

iling Period: January 1-March 1 . Filing Fee: \$50.00

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PLEASE READ INSTRUCTIONS	

ORM MUST BE TYPED IN BLACK)						
	f Corporation			T		
16012 N	ewport C	ounty Medica.	l Treatment Office,		Zip	
Street Address Principal Business Office			City	State	02840	
67 Valley Road		 	Middletown		6. SIC Code	
Business Phone No.		State of Incorporation			7245	
(401) 738-8650		Rhode Is		<u> </u>	1 /2 10	
Brief Description of the Character of Business Co		e Island				
Management of Medical Of	iice		SELL IN CRACES	PEROPE USING ATTACHMI	NTS	
NAMES AND ADDRESSES OF TH	IE OFFICER	S (*X* BOX FOR ATTA	Vice President Name	BEFORE CSEND ATTACHMA		
Sident Name Condoo M. D.			None			
Robert L. Gordon, M.D.			Street Address			
58 Gaspee Point Drive			Succe Manicos			
		Zip	City	State	Zip	
_) T	02888			ĺ	
STATOR		Treasurer Name				
retary Name				Robert L. Gordon, M.D.		
Robert L. Gordon, M.D.	<u> </u>		Street Address			
58 Gaspee Point Drive			58 Gaspee Poin	t Drive		
Territoria.		Zip	City	State	Zip	
"	RI	02888	Warwick	RI	02888	
NAMES AND ADDRESSES OF T	HE DIRECT			ES BEFORE USING ATTACH		
NAMES AND ADDRESSES OF TO	TE DIRECT	JRS (X BOX TOK)	Director Name			
None - CLOSED CORPORATION	ÓN					
reet Address			Street Address			
•						
State		Ζιρ	City	State	Zip	
rector Name			Director Name			
cet Adaress			Street Address			
	_					
iv State		Zip	City	State	j ^{Z19}	
İ		<u> </u>				
O. SHARES AUTHORIZED (*X* BO)	X FOR ATTACH	MENT) 🖸	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
CTHORIZED SHARFS			ISSUED SHAFES			
umber of Shares Class/S	eries	Par Value	Number of Shares	Class/Series	Par Value	
			100	COMMON/NONE	NO PAR VALU	
6000 SHS NO PAR COM			100	CONTONYNONE	110 1111 11120	
			_			
		_ \			(
nis report must be signed in in	k hv either	the President. Vi	ce President, Secretary, As	sistant Secretary, Treasure	r, Receiver or Truste	
ing rebott mage of giknen in in	n of cities		- , , , , , , , , , , , , , , , , , , ,	·		

	Under penalty of perjury, I declare this report, including any accompa
NOV 05 2001 By Cc 20740 Check No.:	that all statements contained hereing the Signature of Officer ROBERT L. GORDON, M.D.
Ty:	Print or Type Name of Officer PRESIDENT Title of Officer

and affirm that I have examined nying schedules and statements, and n are true and correct. Date

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.	2. Name of Corporation				
16012	Newport Cou	inty Medical Tre	stment Office, I	nc.	
3. Street Address Principal Business C	Office		City	State	Zip
67 VALLEY ROAD		5. State of Incorporation	MIDDLETOWN	RI	02840 6. sic code
738-8650 7. Brief Description of the Character (of Business Conducted in R	RHODE ISLAND hode Island			7245
MANAGEMENT OF ME 8. NAMES AND ADDRESS President Name		ERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATT	ACHMENTS
ROBERT L. GORDON			NONE Street Address		
58 GASPEE POINT D	RIVE State	Zip	City	State	Zip
WARWICK . Secretary Name	RI	02888	Treasurer Name		
ROBERT L. GORDON	I		sur NONE		
58 GASPEE POINT	DRIVE State	Zip	City	State	Zip
WARWICK 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIREC	02888 TORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING A	TTACHMENTS
NONE - CLOSE CORE	PORATION		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*x* box for attac	HMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT)

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

ISSUED SHARES

100

Number of Shares



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

Class/Series

AUTHORIZED SHARES

6000 SHS NO PAR COM

Number of Shares

) ———
026

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

Class/Series

COMMON/NONE

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

PRESIDENT

Title of Officer

Par Value

NO PAR VALUE



File Date:

Check No.: _

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

this report, including any accompanying schedules and statements, and

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

PRESIDENT

Title of Officer

STOP PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-		illing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK 1. Corporate ID No.) 2. Name of Corporation	7			
16012 3. Street Address Principal Business Off	NEWPORT	COUNTY MEDICAL	TREATMENET OFFICE,	INC. State	Zip
6. Business Phone No. ROAD		5. State of Incorporation	MIDDLETOWN	RI_{r}	6. SIC Code
7. Brief Description of the Character of	Business Conducted in R	thode Island RHODE ISL	AND		7245
MANAGEMENT OF B. NAMES AND ADDRESSE Tresident Name	MEDICAL OFF S OF THE OFFIC	ICE ERS (*x* box for attac	CHMENT) Vice President Name		•
ROBERT L. GORI	DON, M.D.		NONE Sueet Address		
58 GASPEE POI	NT DRIVE State	Zip	City	State	Zip
WARWICK. Secretary Name	RI	02888	Treasurer Name		
DANIEL REGAN,	M.D.		NONE Street Address		
22 EVERGREEN	STREET State	Zip	City	State	Zip
BARRINGTON 9. NAMES AND ADDRESSE	RI S OF THE DIREC	02806 CTORS (*x* box for att	FACHMENT) Director Name		
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 AUTHORIZED SHARES	("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6000 SHS NO P	AR COM		100	COMMON/NONE	NO PAR VALUE
This report must be signed	1 in ink by eithe	er the President, Vice	President, Secretary, Assista	nt Secretary, Treasure	er, Receiver or Trustee
_					
			Under penalty of perju	ry, i declare and affirm t	hat I have examined



fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

ì	ling	Period:	January	1-Ma	rch 1	•	Filing Fee: \$50.00

STOP
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INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	(K)		·		
1. Corporate ID No.	2. Name of Corporati				
16012 3. Street Address Principal Business C		COUNTY MEDICAL	TREATMENT OFFICE, INC.	State	Zip
67 VALLEY ROAD 4. Business Phone No. 738-8650		5. State of Incorporation RHODE ISL		RI	02840 6. SIC Code 7245
7. Brief Description of the Character	of Business Conducted In	Rhode Island			
MANAGEMENT OF O 8. NAMES AND ADDRESS President Name	F MEDICAL OF	FICE CERS ("X" BOX FOR ATT	TACHMENT) Vice President Name		
ROBERT L. GORDO	N, M.D.		Street Address		
58 GASPEE POINT	ORIVE State	Zip	City	State	Zip
WARWICK . Secretary Name	RI	02888	Treasurer Name	•	
DANIEL REGAN, N	1.D.		JAMES GLOOR Street Address		
22 EVERGREEN ST	REET State	Zip	174 GIBSON AVENUE	State	Zip
BARRINGTON 9. NAMES AND ADDRES Director Name	RI SES OF THE DIRI	02806 ECTORS (*x* BOX FOR	NARRAGANSETT ATTACHMENT) Director Name	RI	02882
NONE – A CLOSE Street Address	CORPORATION		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6000 SHARES	NO PAR	VAL	100	COMMON/NONE	NO PAR VALUE
			lica Descident Corretary Assist	ant Secretary Treasurer	Receiver or Trusti

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

	2.10.98	
File Date:	0.10.48	
Check No.:	13895	2
Ву:	1(P)	
	RY 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.

Ment Sandonus 1

Signature of Officer
ROBERT L. GORDON, M.D.

Print or Type Name of Officer

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

	FORM	MUST	BE	TYPED	IN	BLACK)
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1. Corporate ID No.

2. Name of Corporation

16012

Newport County Medical Treatment Office, Inc.

3. Street Address Principal Business Office

State

Zip

67 VALLEY ROAD

5. State of incorporation

RI

02840 6. SIC Code

4. Business Phone No. 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

MIDDLETOWN

ROBERT L. GORDON, M.D.

NONE

Street Address

Street Address

58 GASPEE POINT DRIVE

City

Zip

City

State

Zip

WARWICK Secretary Name

.. RI

02888

Treasurer Name

DANIEL REGAN. M.D.

Street Address

JAMES GLOOR, M.D.

Street Address

22 EVERGREEN STREET

State

174 GIBSON AVENUE CITYNARRAGANSETT

State

BARRINGTON

RI

02806

XACOPOINTENERS

RI

02882

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

Director Name

City

City

City

Director Name

NONE - CLOSE CORPORATION Street Address

Street Address

State

Zip

City

State

Zip

Director Name

Director Name Street Address

Street Address

State

Zip

City

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES 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



File Date:

Check No :

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. <u>GORDON, M.D.</u> 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	

<u> </u>			· · · · · · · · · · · · · · · · · · ·		1
6000 SHS NO	PAR COM		100	COMMON/NONE	NO PAR VALUE
MULLIBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
	10. SH	IARES AUTHORI	ZED AND ISSUEC		
arr	STATE	ZIº C00E	arr	STATE	ZIP CODE
STREET AUDRESS			STREET ADDRESS		
DIRECTOR NAME			d'		
	VIPIL VIPIL)	DERECTOR NAME		
ony	I STATE	. ZIP COOE	:[STATE] ZIP COO€
NONE – CLOSE CORI	PORATION		STREET ADDRESS		
DIRECTOR NAME	9. NAM	TES AND ADDRE	SSES OF THE DI	RECTORS	
BARRINGTON	RI	02806	BARRINGTON	İRI	02882
22 EVERGREEN STRI	EET , STATE	, ZIP C00€	174 GIBSON AVE	NUE	₹20° C00E
DANIEL REGAN, M.I	<u>).</u>	<u> </u>	JAMES GLOOR, M STREET ADDRESS	1.U.	
SECRETARY NAME			TREASURER NAME		·
<u>58 GASPEE PUINT I</u> WARWICK	STATE	7 ZIP CODE 02886	αιν	STATE	72º COOE
STREET ADDRESS 58 GASPEE POINT [ORIVE		×		
ROBERT L. GORDON	, M.D.		NONE STREET ADDRESS		·
PRESIDENT NAME	B. NAM	ES AND ADDRE	S S E S O F T H E O F	FICERS	·· · · · · · · · · · · · · · · · · · ·
MANAGEMENT OF MED			•		
	ISINESS COMOUCTED W RMODE IS	1		·	1 ,240
67 VALLEY ROAD BUSINESS PHONE NO.		5. STATE OF INCORPORATION RHODE ISLA	AND		6. SIC CODE 7245
			: MIDDLETOWN	RI	02840
16012 3. streét address principal Business offic		County Medical	Treatment Office	STATE	ZP COOE
I. CORPORATE ID NO.	2. NAME OF CORPORATION				
		PLEASE TYPE UK PKI	NI IN BLACK INK.	, , , , , , , , , , , , , , , , , , ,	

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

ROBERT L. GORDON, M.D.

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

File Date: Check No:

By:

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

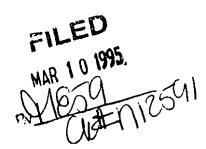
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0016012			1995		
Corporate ID:		Annual Report for the year:			
		ireatment U+	tice, inc.		
Name of Corporation:	OF TSLAND	Business Entity is (ch	eck one):		
For foreign entity, address and telephone number of principal offi		[X] Business Corporation (See RIGL Chapter 7-1.1)			
NONE		•	vice Corporation (See RIGL Cha	pter 7-5.1)	
			,	,	
		Brief statement of the	character of business conducted	in Rhode Island:	
Phone: (MANAGEMENT-OF	-MEDICAL-OFFICE		
Address and telephone of the principal office of business entity in	i Rhode				
Island (Provide street address - Not P.O. Box):					
67 VALLEY ROAD					
MIDDLETOWN,_RI					
Phone: ()					
Phone: C. J			* ************************************		
THE	NAMES OF THE	E OFFICERS ARE:			
PRESIDENT	STREET ADDRE	ESS	CTFY/\$TATE	ZIP CODE	
ROBERT L. GORDON, M.D. 58 GA	SPEE POINTY	ROAD DRIVE	WARWICK RI	02888	
	STREET ADDRE	ESS	СПУЛТАТЕ	ZIP CODE	
NONE SECRETARY	STREET ADDRE	ree	CITY/STATE	ZIP CODE	
DANIEL REGAN, M.D. 22 EV	/ERGREEN_STRE STREET ADDRE	EET S	BARRINGTON, RI CITY/STATE	02806 ZIP CODE	
				00000	
JAMES GLOOR, M.D 174 G	AMES OF THE	E DIRECTORS ARE:	NARRAGANSETT, RT	U2882	
NAME:	STREET ADDRE		CITY/STATE	ZIP CODE	
NONE - A CLOSE CORPORATION					
NAME	STREET ADDRE	ESS	CHYSTATE	ZIP CODE	
NAME	STREET ADDRE	ESS	CITY/STATE	MP CODE	
			·-·-		
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES IS	SUED AND OUTSTANDING (Ride	er may be attached)	
		N			
Number of Shares Class / Series		Number of Shares	Class / Series		
6000 COMMON/NONE	:	100	COMMON/NONE		
	į				
		91 HIC	P		
Date <u>March 8, 1995</u> , 19 95	By:	forway	noun		
	ROBER PRINTSBEET	<u> BT L GORDON M</u>	.D.		
Form 31 1/95	TITLE OF OFFICE	IDENT CER SIGNING			
DESIGNATED REG			AE DDAYCESS,		
DESIGNALED REGI	<u> 131 EREU AGEL</u>	A LOUGHNAICE O	T I NUCESS:		

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



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 02903-13357 4/1 //8/0,/6046,/60/2

401-277-3040

Corporate ID	Annual Report for the year:
Name of Business Entity:	Newport County Medical Treatment Office,
Business entity organized under the laws of the State of: Rhode Islan	Business Entity is (check one):
Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office:	(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)
Tot foreign civity, address and receptoric sussess of principal order.	Name, title and mailing address of contact person to whom communications may be directed:
	Robert V. Rossi
· · ·	- Rossi Law Offices, Ltd.
Phone: (124 Taunton Avenue
Address and telephone of the principal office of business entity in Rhode	East Providence, RI 02914
Island (Provide street address - Not P.O. Box).	Brief statement of the character of business conducted in Rhode Island.
67 Valley Road	— <u>Management of Medical Office</u> ————
Mid <u>dletown, RI_02840</u>	Dute of Organization: January 12, 1979
404 . 700 .000	Date of Qualification to do business in Rhode Island (if foreign entity):
Phone: (401) 738-8650	
	OF THE OFFICERS ARE: 70°C006
Robert L. Gordon, M.D. 58 Go	aspee Point Drive Warwick, RI D2888 CHYSTATE D2888
CUSTODIAN OF RECORDS ON ST. SECRETARY (Check One) STR	REST ADDRESS CITYATATE JIP CODE
	vergreen Street Barrington, RI U2806
Daniel Regan M.D. 22 Er ☐ CHIEFTINANCIALOMECENON MITHEASURER, CHANGONI STR	
	Gibson Avenue Narragansett, 8 <u>1 </u>
	REFLADORESS CITYSTATE ZIP CODE
NAME: STR	REST ADDRESS CITY/STATE ZIP CODE
NAME: STR	RELITATIONESS CHTYSTATE 2 PCODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 6000	NUMBER 100
CLASS Common	CLASS Common
SERIFS None	SERIES None
PAR VALUE OR Without Par WITHOUT PAR	PAR VALUE OR Without Par WITHOUT PAR
Date	Motert Gudon
PR	Robert L. Gordon, M.D.
मः	President
Form 31 1.794	
DESIGNATED REGISTERED OR R	ESIDENT 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

ROBERT V. ROSSI

124 TAUNTON AVENUE E. PROVIDENCE RI 00000 FILED

MAR 1 59 __

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	orporate ID 0015012			Annual Report for the year 1993			
FIRST: The name of the corporation is			Newport County Medical Treatment Office				
SECOND: It is incorp	orated under the l	aws of	Rhode Island				
THIRD: Character of	business, briefly s	stated, is	Medical Office	Management			
FOURTH: If foreign c	orporation, addre	ss of its p	rincipal officeNone	•••••••••••••••••••••••••••••••••••••••			
FIFTH: Business addr	ess in Rhode Islan	nd 67	valley Raod, Mido	lletown, Rhode Island			
SIXTH: Names and ac	ddresses of its dire	ectors and		(Attach rider if necessary)			
None	Di	rector					
	Di	rector					
	Di	rector					
Robert L. Gordon, M.	D. Pro	esident	58 Gaspee Point	Drive, Warwick, RI			
Steven Pezzullo, M.D			nt 196 Stonedam R	oad, North Scituate, RI			
Daniel Regan, M.D.		cretary		reet, Barrington, Ri			
James Gloor, M.D.		easurer	***************************************	ue, Narragansett, RI			
	Shares authorize		27.17.1.048.dGH1.13.12EH	Par Value			
		·u.		or statement that shares are without			
No. of Shares	Class Common		Series	par value			
0000	Collinion	f	None None	No Par Value			
Eighth: Number of	Shares issued:	ΔM	R Z 9 1993	Par Value			
No. of Shares	Class	• • • •	Y OF STATES	shares are without par value			
100	Common	SEO	Noen	No Par Value			
ated	19		Newport County Me	dical Treatment Office, Inc.			
		E	y Adrut	Gudnin			
(Report must be sign	ned by an officer)	1) itlePresident				

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

3856 To l State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	016012	Annual Report for th			
FIRST: The name of the	e corporation is	Newport Count	y Madical	Treatment (Off:
Second: It is incorpora	ated under the laws of!	Rhode Island			
THIRD: Character of bu	usiness, briefly stated, is	Medical Office Mana	gement		
FOURTH: If foreign cor	poration, address of its pr	incipal office None			
FIFTH: Business address	s in Rhode Island 67	Valley Road, Middlet	own, Rhod	e Island	
Sixth: Names and add	resses of its directors and		(Attacl	n rider if necessary)	
None	Director				
	Director				
	Director		• • • • • • • • • • • • • • • • • • • •		
Rober L. Gordon, S	1.D. President	58 Gaspee Point Dr	rive, Waru	rick, RI	
Steven Pezzullo,	1.D. Vice Preside	nt 196 Stonedam Road,	N. Scitu	ate, RI	
Daniel Regan, M.D.	Secretary	22 Evergreen Stree	et, Barrig	inton, RI	
James Gloor, M.D.	Treasurer	174 Gibson Avenue	. Narragai	settRI	
SEVENTH: Number of S	Shares authorized:			Value ment that	
No of Shares	Class	Series	shares a par	re without value	
6000	Common	None None MAR? 61	1992 No 1	ar Value	
EIGHTH: Number of Sh	nares issued:	& Wied W.	Par or state	Value ment that	
No. of Shares	Class	Rec'd Series	shares a par	re without value	
100	Common	None		Par Value	
Dated February		Newport County Medic Name of Corporation) By Amage 1	cal Treatm	ment Office	,Inc
(Report must be signe	ed by an officer)	itle President	*,,.		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	0016012	•••••	Annual Report for the ye	ar1991	
First:	The name of the corporation	is	Nawport County Mad	ical Treatment Offi	Cæ
Second:	It is incorporated under th	e laws ofRl	node Island		
Third:	Character of business, briefly	y stated, ish	Medical Office Managem	ent	
Fourth:	If foreign corporation, add	lress of its pri	incipal office None		
Г ІРТ Н :	Business address in Rhode Is	land 67	Valley Road, Middletow	n, Rhode Island	
Ѕіхтн:	Names and addresses of its d	lirectors and	officers: Address (including numbe	(Attach rider if necessary)	
None		Director			
		Director			
************		Director			
		President Vice Presiden	58 Gaspee Pt. Drive, 196 nt RR #2 Stonedam Road,		
Daniel I	N W. B.	Secretary	22 Evergreen Street,		
James G]	oor, M.D.	Treasurer	174 175 Gibson Avenue, N	arragansett, RI	
Seventh	: Number of Shares author	rized:		Par Value	
No. of Sha	ures Class		Series	or statement that shares are without par value	
6000	Commo	n	None PAID	No Par Value	
Еіднтн:	Number of Shares issued:		FEB 25 1991	Par Value or statement that	
No. of Sha	res Class		SECLY OF STATE	shares are without par value	
100	Commo	n	None	No Par Value	
Dated Janu	nary 19		Newport County Medical Name of Corporation) Authorized	Treatment Office,	Inc
(Re	eport must be signed by an officer)	T	ilc President		

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 AT

Corporate ID 00160	12	Annual Report for	the year 1990	
FIRST: The name of the	corporation is	Mewport County	Emergency and Medical	Tre
now known as Newpor	t County Medica	l Treatement Office	Inc.	
SECOND: It is incorpora	ited under the laws of	Rhode Island		
THIRD: Character of bu	siness, briefly stated, is	Medical Office Mana	agement	
FOURTH: If foreign corp	poration, address of its p	principal officenone		
FIFTH: Business address	s in Rhode Island 67	Valley Rd. Middletov	wn, Rhode Island	
SIXTH: Names and add	resses of its directors an		(Attach rider if necessary)	
None	Director			
	Director			
	Director			
Robert L. Gordon, M		58 Gaspee Pt. Dr	***************************************	
Steven Pezzullo, M.	D. Vice Presid	lent RR #2 Stonedam R		
Daniel Regan, M.D.	Secretary	22 Evergreen St.	Barrington, RI	
James Gloor, M.D.	Treasurer	175 Gibson Ave.	Narragansett, RI	
SEVENTH: Number of S	hares authorized:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
6000	Common	None	No Par Value	
EIGHTH: Number of Sh	araa iaassad.		PAID	
			Par Value MAR distrement that shares are without	
No. of Shares	Class	Series	SEC'Y OF STATE	
100	Common	None	No Pā r'Válu e	
Dated March 5	19 .90	Newport County Medi (Name of Corporation) By Addust 1	fundation	Inc
(Report must be signed	by an officer)	Title Prosident		

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	16012	Annual Report for	the year 1989
FIRST: The name	e of the corporation is	NewpantCountyEx	engencx…and.Medical
Second: It is inc	corporated under the laws o	f Rhode Island	
THIRD: Characte	er of business, briefly stated,	ismanagement.of.medi	
FOURTH: If forei	gn corporation, address of it	ts principal officenone	
FIFTH: Business a	address in Rhode Island	67ValleyRoad.,Middl	etown, Rhode Island
SIXTH: Names as	nd addresses of its directors		(Attach rider if necessary) g number, street, zip code)
None (a close	corporation) Director		
	Director		
	Director		
Robert L. Gord	on, M.D. Presiden	t 58.Gaspee Point	Dr.,Warwick,RI
Steven Pezzull	O. M.D. Vice Pre	sident .RR. #2, .Stonedam	Rd., N. Scituate, RI
Daniel Regan,	M.D. Secretary	y 22 Evergreen Str	eet. Baffington/ RI
James Gloor, M	,D. Treasure		.Narragansett., RI
	er of Shares authorized:	PAID	Par Value
No. of Shares	Class	i 38 <u>1.7</u> s <u>109</u> 9	or statement that shares are without par value
6000	Common	SECV NonetATE	Without par value
EіGHTH: Numbe	r of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Common	None	Without Par
Eahana	0.0	NEWPORT COUNT EMERGI	ENCY AND value
Dated February	19 .89	MEDICAL TREATMENT 01 (Name of Corporation)	FFICE, INC.
	V	By ROBERT I CORDAN	rden-
(Report must b	be signed by an officer)	Title PRESIDENT	

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATION DIVISION PROVIDENCE REPORT SLAND 02903

Corporate ID 16012	***************************************	Annual R	eport for the year	<u>រ</u> ឹត់ ស ិនី
FIRST: The name of the corpora	tion is	Nawport Go	untyEmergen	Y and Medica.
l Treatment Office, In	.F. >			······································
SECOND: It is incorporated unde	r the laws of		Rhode isla	<u>and</u>
THIRD: Character of business, br	riefly stated, is	anagement of	medical offi	.ce.
FOURTH: If foreign corporation,	address of its pri	ncipal officeno	ne.	
FIFTH: Business address in Rhod	e Island 67 Va	lley Road, M	iiddletown, Rh	ode Island
SIXTH: Names and addresses of i	its directors and o		(dress (including number, street	(Attach rider if necessary)
None (a close corporation) Director		·····	
	Director	•••••••		
	Director			
Robert L. Gordon, M.D.	President	58 Gaspee P	oint Drive, V	Varwick, RI
Steven Pezzullo, M.D.	Vice Presiden	tRR #2, Ston	edam Road, No	orth Scituate, RI
Daniel Regan, M.D.	Secretary	24 Herrick	Road, North A	Andover, MA
James Gloor, M.D.	Treasurer	175 Gibson	Avenue, Narra	agansett, RI
SEVENTH: Number of Shares aut	horized:			Par Value or statement that
No. of Shares Clas	Z Z	Series	:	shares are without par value
6000 Com	mon 8	None	I	Without par value
EIGHTH: Number of Shares issue	.d: /28/88	\mathbb{N}		Par Value or statement that
No. of Shares Clas	•••	Series	,	shares are without par value
100 Com	mon i	None	Ţ	Without par value
Dated March 1,		EDICAL TREAT	TY EMERGENCY A	
	B y	ame of Corporation) ANTO DOBLEDIT T	Agerden GORDON	m
(Report must be signed by an offi	cer) 15.00 Ti	PRESIDENT		······

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 15012	***************************************	Annual Report for the	year1987
FIRST: The name o	f the corporation isNewpoo	rtCountyEmergencyand.	Medica
1 Treatment Offic	e, Inc.		
SECOND: It is incor	porated under the laws of	Rhode Island	
THIRD: Character of	f business, briefly stated, ism	anagement of medica	l office.
FOURTH: If foreign	corporation, address of its pri	ncipal office none	
FIFTH: Business add	Iress in Rhode Island 67 Va		wn, Rhode Island
SIXTH: Names and	addresses of its directors and o	•	(Attach rider if necessary) imber, street, zip code)
None (a close con	poration) Director		
	Director		
	Director		
Robert L. Gordon,	M.D. President	58 Gaspee Point Dr	., Warwick, RI
Steven Pezzullo,	M.D. Vice Presiden	RR #2,Stonedam Rd.	, N.Scituate, RI
Daniel Regan, M.D	Secretary	24 Herrick Road, No	o. Andover, MA
James Gloor, M.D.	Treasurer	175 Gibson Ave., No	arragansett, RI
	of Shares authorized:		Par Value or statement that shares are without
No. of Shares 6000	Class Common	Series None	.par value Without
			par value
	Shares issued:	PAID 8 1987 8 1 1 198/	Par Value or statement that shares are without
No. of Shares	Class	Señes	par value
100	Common	CECNOne STATE	without par value
Dated January	7 15, 19 87 ME	WPORT COUNTY EMERGED DICAL TREATMENT OFF	
(D)	By.	ALLUM Le ROBERT L. GORDON 10 PRESIDENT	rdn m
(Report must be si	gned by an officer) Tit	.e	***************************************

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID19012	· · · · • · · · · · · · · · · · · · · ·	Annual Repor	for the year 1986
FIRST: The name	of the corporation is	Newport County Emergen	cy and Medica
l Treatment Off	ice, Inc,		
			and
	•		edical office
THIRD. Character	of business, briefly stated	i, 15	CHINGI CITACE
FOURTH: If foreig	n corporation, address of		ne
FIFTH: Business a	ddress in Rhode Island		iddletown, RI 02840
SIXTH: Names and	d addresses of its directors		(Attach rider if necessary)
None	Directo	or	
	Directo	or	
	Directo	or	
ROBERT L. GORDON		nt 58GaspeePoin	t Dr., Warwick, RI
		-	
	M.D. Secreta		t Dr., Warwcik, RI
	Treasur		•
		ici o.ogaspeeko.ii	t Dr., Warwick, RI
Seventh: Numbe	er of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
6000	Common	None	Without par value
EIGHTH: Number	of Shares issued:	FEB 15 1	Par Value or statement that shares are without
100	Common	Series TO None	parvalue Without par value
			svau par varau
Dated Januar	y 15, 1986	MEDICAL TREATMENT (Name of Corporation)	ERGENCY AND OFFICE, INC.
		By ROBERT (L	Judn GORDON
(Report must be	signed by an officer)	Title PRESIDENT	

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

Офсе

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 (If additional space is needed, attach rider)

58 Gaspee Point Dr., Warwick, RI

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares 6000

Class COMMON Series NONE

without par value

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without par value

No. of Shares

Series

RECEIVED MAR

COMMON 1985

NONE

(Name of Corporation

without par value

Dated: January 15, 1985

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

CORDON, ROBERT

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

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

State of Uhode Island and Providence Plantations Office of the secretary of State

		4	Annual Repor	rt for the year	1984
First: T	he name of the co	rporation i	s Newport		rgency and
SECOND:	It is incorporated	d under the			d
THIRD: (Character of busin	ess, briefly	stated, is	management	of
	dical office				
Fourth:	If foreign corpo	ration, add	ress of its pr	incipal office	
	Not applica			-	
	Business address i				
- *	1 .67	Valley_Ro	oad, Middle	etown, RI	02840
Sixth: N	lames and addres				
	(Addresses must incl	ude street and	d number, if an	y)	
Nai	··-	ice		Address	
Robert L. Go	ordon D	irector	58 Gaspee	Pt. Dr., V	Marwick, RI
******************************	a	irector	** ****** * * ***** **	*************************	***************************************
***************************************	D	irector	*** *** * **** *****	****	
Robert L. Go	ordon P	resident	58 Gaspee	Pt. Dr., V	Varwick, RI
Robert L. Go	ordon V	ice Preside	ntSI	AME	
Robert LGo	ordon S	ecretary	58Gaspee.	Pt. Dr., W	Warwick, RI
Robert L. Go (If additional apa	ordon T ce is needed, attach	reasurer rider)		AME	······································
Seventh:	Number of Sha	res authori	zed:		Par Value
No. of Shares	Class	•	Series		ares are without par value
6,000	Comme	nc	None	Wit	hout par value
Еіснтн :	Number of Share	es issued:			Par Value
No. of Shares	Clas	3	Serles		statement that irrs are without par value
100	Commo	2 n ∨	None		hout par value
Dated: Febr	uary 28, f	9.84	Newport Medical (Name of Co	Treatment	rgency and Office, Inc.
4894	0 0	_	<i>1</i>	Thut X	Feelen in
JUL JE	α π		tle Presi	dent	obert L. Gordon
Ο,	4	. [(Report mu	ist be signed by	an officer)
	<u> </u>	-			

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

			Annua	l Report for th	ne year	1983	
First:	The name of	the corporation	is NEW	PORT COUNY	EMERGE	NCY AND	
MEDIC	CAL TREATME	NT OFFICE, I	INC.				
SECOND:	It is incorp	orated under the	e laws o	f. Rhode Is	land		
THIRD:	Character of	business, briefly	y stated	, is renderi	ng of i	medical.care	.
and t	treatment						
Fourth:	If foreign	corporation, add	dress of	its principal	office .		
		-					
Гі тн:	Business add	dress in Rhode			s will be	mailed to this	i
		, Middletown,					
SIXTH:	-	addresses of its			s:		
~		must include street a					
	Name	Office			Address		
Robert.L	. Gordon	Director		58 Gaspee P	oint D	r., Warwick	, RI
4*****		Director					
		Director					
Robert L	. Gordon	President		58. Gaspec. P	oint D	r., Warwick	, RI
Robert L	Gordon	Vice Presi	dent	SAME			
Robert L	. Gordon	Secretary		SAME.			
Robert L (If additional spa		Treasurer		SAME			,
SEVENTH	: Number	of Shares autho	rized:		or	Par Value	
No. of She	ıres	Class		Series		res are without par value	
8000		Common		No Series	No	Par Value	
Еіснтн	· Number of	Shares issued:				Par Value	
No. of Sha		Class		Series		statement that res are without par value	
100		Common	3	No Series	No	Par Value	
			1				
Dated:	February 2	1, 19 83		PORT COUNTY ICAL TREAT			
	-0		~ ~ . √yau	ne of Corporation)	1 (A)	2 L 12 11	<u>,</u>
55.1	AR 12 1983		By 6	taren l'or	0		مسئنة
1811	The state of the s		Title	President	signed by	an officer	Ï
				(Report must be	aigneu b)	y air omcer)] -

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

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

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

	An	nual Report for the y	ear 1982
FIRST: The name	of the corporation is	NEWPORT COUNTY	EMERGENCY AND
MEDICAL TREATMENT	OFFICE, INC.		
SECOND: It is inc	orporated under the la	ws of RHODE ISLA	AND
	- .		e medical treatment
facility.			
FOURTH: If forei	gn corporation, addre		
	addunan ia Dhada Islan		
	address in Rhode Islan		
address) 767 Pontia			
	nd addresses of its dir		
(Addres	ses must include street and n		
Nume	Office		dress
Robert L. Gordon	Director	58 Gaspee Poin	t Dr., Warwick, R. I.
	Director		
	Director		
Robert L. Gordon	President	same as above.	
Robert L. Gordon	Vice President	same as above	
Robert J. DeCesari	s Secretary	767 Pontiac Av	e., Cran., R. I.
Robert L. Gordon (If additional space is needed	Treasurer	58 Gaspee Poin	t.Dr., Warwick, R. I.
SEVENTH: Numb	er of Shares authorize	ed:	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
6,000	common	no series	no par
Programs V	e Chuur issued.		Par Value
	r of Shares issued:	Series	or statement that shares are without par value
No. of Shares			,
100	common 6	no series	no par
Dated: May	95681	TREATMENT OFFI	EMERGENCY AND MEDICAL
		(Report must be sig	
•	has changed its register		l l

JUN 21 1982

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

Filing fee: \$15.00

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

	OF		
NEWPORT CO	UNTY EMERGENCY A	ND MEDICAL TREA	TMENT OFFICE, INC.
Pursuant to the provi amended, the undersigned FIRST: The name of AND MEDICAL TREATME	corporation hereby the corporation is 18	submits the follow EMPORT COUNTY E	wing annual report: EMERGENCY
SECOND: It is incorp	oorated under the law	s of Rhode Isla	and .
THIRD: The address 767 Pontiac Avenue,			is
and the name of its regis			
	of which it is incor	porated is N/A)
FIFTH: The characteristic field of the state			lly engaged in Rhode
			•
			and the second second second
SIXTH: The names :	and respective addre	sses of its directors	and officers are:
Robert L. Gordon	Director	58 Gaspee Poir	nt Dr., Warwick, RI
	Director		
	Director		***
Robert L. Gordon	President	see above	
Robert L. Gordon	Vice Presider	n t . "	
Robert L. Gordon	Secretary		
Robert J. DeCesaris	_		ve., Cranston, RI
SEVENTH: The aggre by classes, par value of sha	egate number of share res, shares without p	es which it has autho ar value, and series, it	ority to issue, itemized fany, within a class, is:
Number of Shares	Class 10	Series	Par Value per Share or Statement that Shares are without Par Value
6,000	common El	no series	no par
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Form 31 11 80

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	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value	
100	common	no series	no par	

Dated

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

Filing fee: \$15.00

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

State of Chode Island and Providence Plantations Office of the secretary of state

ANNUAL REPORT $\mathbf{0F}$

NEWE	ORT COUNTY	EMERGENCY AN	MEDICAL TREATMENT OFFICE, INC.
amended, the un	dersigned corp	oration hereby	1-118 of the General Laws, 1956, as submits the following annual report:
		•	
SECOND: IT	is incorporate	ed under the lav	ys of Rhode Island
THIRD: The 767 Pontiac	address of its Avenue, Cra	registered office i nston, Rhode	n Rhode Island is Island 02910
			and at such address is
	f a foreign cor	poration, the add	ress of its principal office in the state or
		• • • • • • • • • • • • • • • • • • • •	s of its directors and officers are:
George L. Go	ordon	Director	58 Gaspee Pt. Dr., Warwick, RI
George M. Go		2000	Washington St., Newport, RI
Robert J. De		Director	767 Pontiac Avenue, Cranston, R
		Director	
		Director	
		Director	
George L. Go	ordon		58 Gaspee Pt. Dr., Warwick, RI
George M. Go			Washington St., Newport, RI
Robert J. De			767 Pontiac Ave., Cranston, RI
Robert L. Go	ordon	Treasurer	58 Gaspee Pt. Dr., Warwick, RI
			which it has authority to issue, itemized value, and series, if any, within a class, is:
, Januara, par Tar			Par Value per Share

Number of Shares	Class	9	Series	or Statement that Shares are without Par Value
6,000	common	80	no series	no par value

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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
		•	
		i	
		:	

Dated January ,1980

NEWPORT COUNTY EMERGENCY AND MEDICAL TREATMENT OFFICE, INC.

(NAME OF CORPORATION)

By Robert J. DeCesaris

Its secretary