



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. 71517		2. Name of Corporation Richard K. Ohnmacht, M.D., Ltd.			
3. Street Address Principal Business Office 1145 RESERVOIR AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4019461944		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PHYSICIANS AND SURGEONS SPECIALIZING IN PEDIATRICS AND RELATED FIELDS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard K. Ohnmacht, M.D.			Vice President Name		
Street Address 1145 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name Richard K. Ohnmacht, M.D.			Treasurer Name Richard K. Ohnmacht, M.D.		
Street Address 1145 RESERVOIR AVENUE			Street Address 1145 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard K. Ohnmacht, M.D.			Director Name		
Street Address 1145 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
600 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	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



7 1 5 1 7

\*71517 DBC 01/27/05 01:54:22 PM\*

File Date 2-18-05

Check No 3672

By: KB-

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.

Richard K. Ohnmacht, M.D.  
Signature of Officer Date

Richard K. Ohnmacht, M.D.

Print or Type Name of Officer

President

Title of Officer



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 71517		2 Name of Corporation Richard K. Ohnmacht, M.D., Ltd.		
3 Street Address Principal Business Office 1145 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920
4 Business Phone No 4019461944		5 State of Incorporation RHODE ISLAND		6 SIC Code 9217
7 Brief Description of the Character of Business Conducted in Rhode Island PHYSICIANS AND SURGEONS SPECIALIZING IN PEDIATRICS AND RELATED FIELDS.				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Richard K. Ohnmacht, M.D.		Vice President Name		
Street Address 1145 Reservoir Avenue		Street Address		
City Cranston	State RI	Zip 02920	City	State RI
Secretary Name Richard K. Ohnmacht, M.D.		Treasurer Name Richard K. Ohnmacht, M.D.		
Street Address 1145 Reservoir Avenue		Street Address 1145 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Richard K. Ohnmacht, M.D.		Director Name		
Street Address 1145 Reservoir Avenue		Street Address		
City Cranston	State RI	Zip 02920	City	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600 COMM NO PAR VALUE			100	Common
				No Par Value

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



7 1 5 1 7

\*71517 DBC 02/11/04 02:09:53 PM\*

File Date 2/17/04

Check No 3637

By: RS

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.

Richard K Ohnmacht 2/13/04  
Signature of Officer Date  
Richard K. Ohnmacht, M.D.  
Print or Type Name of Officer  
**President**  
Title of Officer



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

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \*71517\* 2. Name of Corporation Richard K. Ohnmacht, M.D., Ltd.  
3. Street Address Principal Business Office 1145 RESERVOIR AVE City CRANSTON State RI Zip 02920  
4. Business Phone No. 4019461944 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island  
PHYSICIANS AND SURGEONS SPECIALIZING IN PEDIATRICS AND RELATED FIELDS.

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

President Name Richard K. Ohnmacht, M.D. Street Address 1145 Reservoir Avenue City State Zip Cranston RI 02920	Vice President Name  Street Address  City State Zip
---	---

Secretary Name Richard K. Ohnmacht, M.D. Street Address 1145 Reservoir Avenue City State Zip Cranston RI 02920	Treasurer Name Richard K. Ohnmacht, M.D. Street Address 1145 Reservoir Avenue City State Zip Cranston RI 02920
---	---

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

Director Name Richard K. Ohnmacht, M.D. Street Address 1145 Reservoir Avenue City State Zip Cranston RI 02920	Director Name  Street Address  City State Zip
--	---

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

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

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



\* 7 1 5 1 7 \*

\*71517 DBC1/24/0310:26:25 AM\*

File Date 3-17-03

Check No. 17262898

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.

Richard K Ohnmacht, MD  
Signature of Officer Date  
Richard K. Ohnmacht, M.D.  
Print or Type Name of Officer  
President  
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71517** 2. Name of Corporation **Richard K. Ohnmacht, M.D., Ltd.**  
3. Street Address Principal Business Office **1145 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **946-1944** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Practice Medicine**

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

President Name <b>Richard K. Ohnmacht, M.D.</b> Street Address <b>1145 Reservoir Avenue</b> City State Zip <b>Cranston RI 02920</b> Secretary Name <b>Richard K. Ohnmacht, M.D.</b> Street Address <b>1145 Reservoir Avenue</b> City State Zip <b>Cranston RI 02920</b>	Vice President Name <b>Richard K. Ohnmacht, M.D.</b> Street Address <b>1145 Reservoir Avenue</b> City State Zip <b>Cranston RI 02920</b> Treasurer Name <b>Richard K. Ohnmacht, M.D.</b> Street Address <b>1145 Reservoir Avenue</b> City State Zip <b>Cranston RI 02920</b>
--	---

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

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
---	---

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

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	Without Par

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



File Date: 1-9-02  
Check No.: 3433  
By: [Signature]

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

Signature of Officer: [Signature] Date: 1/7/02

**Richard K. Ohnmacht, M.D.**  
Print or Type Name of Officer

**President**  
Title of Officer



**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. **71517** 2. Name of Corporation **Richard K. Ohnmacht, M.D., Ltd.**  
3. Street Address Principal Business Office **1145 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **946-1944** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

**Practice Medicine**

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

President Name <b>Richard K. Ohnmacht, M.D.</b>	Vice President Name <b>Richard K. Ohnmacht, M.D.</b>
Street Address <b>1145 Reservoir Avenue</b>	Street Address <b>1145 Reservoir Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>
Secretary Name <b>Richard K. Ohnmacht, M.D.</b>	Treasurer Name <b>Richard K. Ohnmacht, M.D.</b>
Street Address <b>1145 Reservoir Avenue</b>	Street Address <b>1145 Reservoir Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

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

Director Name	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

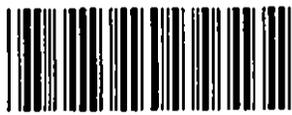
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>Without Par</b>

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



\* 7 1 5 1 7 \*

File Date: 1/30  
Check No.: 2980  
By: re

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.

Richard K. Ohnmacht, M.D. 1/27/01  
Signature of Officer Date

Richard K. Ohnmacht, M.D.  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **71517** 2. Name of Corporation **Richard K. Ohnmacht, M.D., Ltd.**

3. Street Address Principal Business Office **1145 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **946-1944** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

**Practice Medicine**

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

President Name <b>Richard K. Ohnmacht, M.D.</b>	Vice President Name <b>Richard K. Ohnmacht, M.D.</b>
Street Address <b>1145 Reservoir Avenue</b>	Street Address <b>1145 Reservoir Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Richard K. Ohnmacht, M.D.</b>	Treasurer Name <b>Richard K. Ohnmacht, M.D.</b>
Street Address <b>1145 Reservoir Avenue</b>	Street Address <b>1145 Reservoir Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 SHS COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common Without Par**

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



\* 7 1 5 1 7 \*

File Date: 1/27/00

Check No.: 2571

By: RC

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.

Richard K Ohnmacht, M.D. 1/17/00  
Signature of Officer Date

**Richard K. Ohnmacht, M.D.**  
Print or Type Name of Officer

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71517** 2. Name of Corporation **Richard K. Ohnmacht, M.D., Ltd.**  
3. Street Address Principal Business Office **1145 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **946-1944** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

**Practice of Medicine**

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

President Name <b>Richard K. Ohnmacht, M.D.</b>	Vice President Name
Street Address <b>1145 Reservoir Avenue</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip
Secretary Name <b>Richard K. Ohnmacht, M.D.</b>	Treasurer Name <b>Richard K. Ohnmacht, M.D.</b>
Street Address <b>1145 Reservoir Avenue</b>	Street Address <b>1145 Reservoir Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

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

Director Name	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  
**600 SHS COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common Without Par**

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



File Date: Feb 11 1999  
Check No.: 220  
By: ID / cu

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.

Richard K. Ohnmacht MD 1/21/99  
Signature of Officer Date

**Richard K. Ohnmacht, M.D.**

Print or Type Name of Officer  
**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71517** 2. Name of Corporation **Richard K. Ohnmacht, M.D., Ltd.**  
 3. Street Address Principal Business Office **1145 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
 4. Business Phone No. **946-1944** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Practice of Medicine**

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

President Name <b>Richard K. Ohnmacht, M.D.</b>	Vice President Name
Street Address <b>1145 Reservoir Avenue</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Secretary Name <b>Richard K. Ohnmacht, M.D.</b>	Treasurer Name <b>Richard K. Ohnmacht, M.D.</b>
Street Address <b>1145 Reservoir Avenue</b>	Street Address <b>1145 Reservoir Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name	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	Class/Series	Par Value
<b>600 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>Without Par</b>

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



\* 7 1 5 1 7 \*

File Date: 1-20-98  
 Check No.: 1819  
 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.

Richard K. Ohnmacht, M.D. 1/22/98  
 Signature of Officer Date

**Richard K. Ohnmacht, M.D.**  
 Print or Type Name of Officer  
**President**  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71517** 2. Name of Corporation **Richard K. Ohnmacht, M.D., Ltd.**  
3. Street Address Principal Business Office **1145 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **946-1944** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name <b>Richard K. Ohnmacht, M.D.</b>	Vice President Name
Street Address <b>1145 Reservoir Avenue</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip
Secretary Name <b>Richard K. Ohnmacht, M.D.</b>	Treasurer Name <b>Richard K. Ohnmacht, M.D.</b>
Street Address <b>1145 Reservoir Avenue</b>	Street Address <b>1145 Reservoir Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

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

Director Name	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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS COMM NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>Without Par</b>

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



File Date: 2/4/97  
Check No.: 1502  
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 of Officer: Richard K. Ohnmacht, MD Date: 1/23/97  
Print or Type Name of Officer: **Richard K. Ohnmacht**  
Title of Officer: **President**

# 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. 71517 2. NAME OF CORPORATION Richard K. Ohnmacht, M.D., Ltd.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1145 Reservoir Avenue CITY Cranston STATE RI ZIP CODE 02920

4. BUSINESS PHONE NO. 946-1944 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 9217

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

Practice of Medicine

### B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Richard K. Ohnmacht, M.D. VICE PRESIDENT NAME

STREET ADDRESS 1145 Reservoir Avenue

CITY Cranston STATE RI ZIP CODE 02920

SECRETARY NAME Richard K. Ohnmacht, M.D. TREASURER NAME Richard K. Ohnmacht, M.D.

STREET ADDRESS 1145 Reservoir Avenue

CITY Cranston STATE RI ZIP CODE 02920

### B. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

STREET ADDRESS

CITY STATE ZIP CODE

DIRECTOR NAME

STREET ADDRESS

CITY STATE ZIP CODE

DIRECTOR NAME

STREET ADDRESS

CITY STATE ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	COMM NO PAR VALUE		100	Common	Without Par

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

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

File Date: 2/1/96  
Check No: 1152  
By: CP

Richard K Ohnmacht  
Signature of Officer  
Richard K. Ohnmacht  
Print or Type Name of Officer  
President  
Title of Officer  
Date 2/1/96

For Secretary of State Use Only

DATE BOTTOM BEFORE RETURNING



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

0071517

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: Richard K. Ohnmacht, M.D., Ltd.

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:

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

Phone: ( ) \_\_\_\_\_

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

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
1145 Reservoir Avenue  
Cranston, RI 02920

Phone: (401) 946-1944

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard K. Ohnmacht, M.D.	1145 Reservoir Avenue	Cranston, RI	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard K. Ohnmacht, M.D.	1145 Reservoir Avenue	Cranston, RI	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard K. Ohnmacht, M.D.	1145 Reservoir Avenue	Cranston, RI	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares	Class / Series		Number of Shares	Class / Series	
600	Common	Without Par	100	Common	Without Par

Date 1/19/95 1995

By: Richard K. Ohnmacht  
 Richard K. Ohnmacht, M.D.  
 PRESIDENT  
 TITLE OF OFFICER SIGNING

Form 31 1/95 **DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

BRUCE A. WOLPERT  
 500 TURKS HEAD BUILDING  
 PROVIDENCE RI 02903

**FILED**  
 JAN 20 1995  
 By MA 823

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

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

Corporate ID: 0071517 Annual Report for the year: 1994

Name of Business Entity: Richard K. Ohnmacht, M.D., Ltd.

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

Federal Taxpayer Identification Number [REDACTED]

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):

1145 Reservoir Avenue

Cranston, RI 02920

Phone: (401) 946-1944

Business Entity is (check one):

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

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

Bruce A. Wolpert, Esquire

500 Turks Head Building

Providence, RI 02903

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

Practice of medicine

Date of Organization: March 2, 1993

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

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (check one) STREET ADDRESS CITY STATE ZIP CODE

Richard K. Ohnmacht, M.D. 1145 Reservoir Avenue Cranston, RI 02920

CHIEF OPERATING OFFICER OR  VICE PRESIDENT (check one) STREET ADDRESS CITY STATE ZIP CODE

CUSTODIAN OF RECORDS OR  SECRETARY (check one) STREET ADDRESS CITY STATE ZIP CODE

Richard K. Ohnmacht, M.D. 1145 Reservoir Avenue, Cranston, RI 02920

CHIEF FINANCIAL OFFICER OR  TREASURER (check one) STREET ADDRESS CITY STATE ZIP CODE

Richard K. Ohnmacht, M.D. 1145 Reservoir Avenue, Cranston, RI 02920

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NAME STREET ADDRESS CITY STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES \_\_\_\_\_

PAR VALUE OR WITHOUT PAR Without Par

WITHOUT PAR \_\_\_\_\_

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES \_\_\_\_\_

PAR VALUE OR WITHOUT PAR Without Par

WITHOUT PAR \_\_\_\_\_

Date 3/17 19 94

By Richard K. Ohnmacht

Richard K. Ohnmacht, M.D.

President

Form 2-194

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.

BRUCE A. WOLPERT  
500 TURKS HEAD BUILDING  
PROVIDENCE RI 02903

FILED  
MAR 24 1994  
EV ME 59 500