



**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. 10321		2. Name of Corporation Hypertension & Nephrology, Inc.	
3. Street Address Principal Business Office 1076 NORTH MAIN STREET		City PROVIDENCE	State RI
4. Business Phone No. 4018617711		5. State of Incorporation RHODE ISLAND	6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDING PROFESSIONAL MEDICAL CARE AND SERVICES

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

President Name Marc S. Weinberg, M.D.			Vice President Name Richard A. Cottiero, M.D.		
Street Address 1076 North Main Street			Street Address 1076 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Marc S. Weinberg, M.D.			Treasurer Name Marc S. Weinberg, M.D.		
Street Address 1076 North Main Street			Street Address 1076 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904

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)

Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE	

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

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



1 0 3 2 1

10321 DBC 01/13/05 01:26:40 PM
File Date 1-27-05
Check No. 18742
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]
Signature of Officer _____ Date _____
Marc S. Weinberg, M.D.
Print or Type Name of Officer
President
Title of Officer

Attachment

**Corporate ID No. 10321
Hypertension & Nephrology, Inc.**

Vice President	David C. Yoburn, M.D.	1076 North Main Street Providence, RI 02904
Assistant Secretary	Jeffrey D. Clement, M.D.	1076 North Main Street Providence, RI 02904



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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. 10321		2. Name of Corporation Hypertension & Nephrology, Inc.	
3. Street Address Principal Business Office 1076 North Main Street		City Providence	State RI
4. Business Phone No. 401-861-7711		5. State of Incorporation Rhode Island	6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical care and services.

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

President Name Marc S. Weinberg, M.D.			Vice President Name Richard A. Cottiero, M.D.		
Street Address 1076 North Main Street			Street Address 1076 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Marc S. Weinberg, M.D.			Treasurer Name Marc S. Weinberg, M.D.		
Street Address 1076 North Main Street			Street Address 1076 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904

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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Common	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



File Date _____
Check No. FEB 02 2004
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] /29/04
Signature of Officer Date
Marc S. Weinberg, M.D.
Print or Type Name of Officer
President
Title of Officer

Hypertension & Nephrology, Inc.
Corporate ID No. 10321

ATTACHMENT

Vice President	David C. Yoburn, M.D.	1076 North Main Street Providence, RI 02904
Assistant Secretary	Jeffrey D. Clement, M.D.	1076 North Main Street Providence, RI 02904



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. *10321*		2. Name of Corporation Hypertension & Nephrology, Inc.			
3. Street Address Principal Business Office 1076 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 4018617711		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING PROFESSIONAL MEDICAL CARE AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Marc S. Weinberg, M.D.			Vice President Name Richard A. Cottiero, M.D.		
Street Address 1076 North Main Street			Street Address 1076 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Marc S. Weinberg, M.D.			Treasurer Name Marc S. Weinberg, M.D.		
Street Address 1076 North Main Street			Street Address 1076 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	NO PAR VALUE		100	Common	No Par Value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



* 1 0 3 2 1 *

10321 DBC2/19/0310:18:39 AM

File Date 3.3.03

Check No. 17016

By: MP

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.

Marc S. Weinberg 2/21/03
Signature of Officer Date
Marc S. Weinberg, M.D.
Print or Type Name of Officer
President
Title of Officer

ATTACHMENT

Vice President

David C. Yoburn, M.D.

**1076 North Main Street
Providence, RI 02904**

Assistant Secretary

Jeffrey D. Clement, M.D.

**1076 North Main Street
Providence, RI 02904**



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. **10321** 2. Name of Corporation **Hypertension & Nephrology, Inc.**

3. Street Address Principal Business Office **1076 North Main Street** City **Providence** State **RI** Zip **02904**

4. Business Phone No. **31-7711** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical care and services

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

President Name Marc S. Weinberg Street Address 1076 North Main Street City Providence State RI Zip 02904	Vice President Name David C. Yoburn Street Address 1076 North Main Street City Providence State RI Zip 02904
Secretary Name Marc S. Weinberg Street Address 1076 North Main Street City Providence State RI Zip 02904	Treasurer Name Marc S. Weinberg Street Address 1076 North Main Street City Providence State RI Zip 02904

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
2,000 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



* 1 0 3 2 1 *

File No: 8-27-02
Check No.: 6161
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: Marc S. Weinberg Date: 1/8/02
Print or Type Name of Officer: Marc S. Weinberg

ATTACHMENT

Corporate ID No. 10321

Richard A. Cottiero

**Vice President
Secretary**

**1076 North Main Street
Providence, RI 02904**



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. **10321** 2. Name of Corporation **Hypertension & Nephrology, Inc.**
 3. Street Address Principal Business Office **1076 North Main Street** City **Providence** State **RI** Zip **02904**
 4. Business Phone No. **401-861-7711** 5. State of Incorporation **Rhode Island** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical care and services.

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

President Name Marc S. Weinberg, M.D. Street Address 1076 North Main Street City Providence State RI Zip 02904	Vice President Name Richard A. Cottiero, M.D. Street Address 1076 North Main Street City Providence State RI Zip 02904
Secretary Name Marc S. Weinberg, M.D. Street Address 1076 North Main Street City Providence State RI Zip 02904	Treasurer Name Marc S. Weinberg, M.D. Street Address 1076 North Main Street City Providence State RI Zip 02904

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

Director Name 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	Class/Series	Par Value
Number of Shares		
2,000	Common	None

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	None

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

File Date: 8-20-02

Check No.: 16460

By: MC

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 Marc S. Weinberg M.D. Date 8/17/02

Marc S. Weinberg, M.D.
Print or Type Name of Officer

President
Title of Officer

Attachment

**Corporate ID No. 10321
Hypertension & Nephrology, Inc.**

Vice President

David C. Yoburn, M.D.

**1076 North Main Street
Providence, RI 02904**



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. **10321** 2. Name of Corporation **Hypertension & Nephrology, Inc.**
3. Street Address Principal Business Office **1076 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **861-7711** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

Providing professional medical care and services

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

President Name Marc S. Weinberg	Vice President Name David C. Yoburn
Street Address 1076 North Main Street	Street Address 1076 North Main Street
City State Zip Providence RI 02904	City State Zip Providence RI 02904
Secretary Name Marc S. Weinberg	Treasurer Name Marc S. Weinberg
Street Address 1076 North Main Street	Street Address 1076 North Main Street
City State Zip Providence RI 02904	City State Zip Providence RI 02904

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
2,000 NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value

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



* 1 0 3 2 1 *

File Date: 1/24
Check No.: 14607
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]
Signature of Officer Date
Marc S. Weinberg
Print or Type Name of Officer
President
Title of Officer

ATTACHMENT

Corporate ID NO. 10321

Richard A. Cottiero

Vice President

**1076 North Main St.
Providence, RI 02904**



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. **10321** 2. Name of Corporation **Hypertension & Nephrology, Inc.**
3. Street Address Principal Business Office **1076 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **861-7711** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical care and services

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

President Name Marc S. Weinberg	Vice President Name David C. Yoburn
Street Address 1076 North Main Street	Street Address 1076 North Main Street
City State Zip Providence RI 02904	City State Zip Providence RI 02904
Secretary Name Marc S. Weinberg	Treasurer Name Marc S. Weinberg
Street Address 1076 North Main Street	Street Address 1076 North Main Street
City State Zip Providence RI 02904	City State Zip Providence RI 02904

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
	2,000	NO PAR VAL	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

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



* 1 0 3 2 1 *

File Date: 2/10/00

Check No.: 6731

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]
Signature of Officer

Marc C. Weinberg

Print or Type Name of Officer

President

Title of Officer

ATTACHMENT

Corporate ID No. 10321

Richard A. Cottiero

Vice President

**1076 North Main Street
Providence, RI 02904**



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. **10321** 2. Name of Corporation **Hypertension & Nephrology, Inc.**
3. Street Address Principal Business Office **1076 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **861-7711** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical care and services

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

President Name Marc S. Weinberg	Vice President Name David C. Yoburn
Street Address 1076 North Main Street	Street Address 1076 North Main Street
City State Zip Providence RI 02904	City State Zip Providence RI 02904
Secretary Name Marc S. Weinberg	Treasurer Name Marc S. Weinberg
Street Address 1076 North Main Street	Street Address 1076 North Main Street
City State Zip Providence RI 02904	City State Zip Providence RI 02904

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
Number of Shares		
2,000 NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	No Par Value

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



* 1 0 3 2 1 *

File Date: Feb 5, 1999
Check No.: 171135
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] 1/12/99
Signature of Officer Date
Marc S. Weinberg
Print or Type Name of Officer
President
Title of Officer

Hypertension & Nephrology, Inc.

ATTACHMENT

Richard A. Cottiero

Vice President

**1076 North Main Street
Providence, RI 02904**

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. **10321** 2. Name of Corporation **Hypertension & Nephrology, Inc.**
3. Street Address Principal Business Office **1076 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **861-7711** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical care and services

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

President Name Marc S. Weinberg Street Address 1076 North Main Street City Providence State RI Zip 02904	Vice President Name David C. Yoburn Street Address 1076 North Main Street City Providence State RI Zip 02904
Secretary Name Marc S. Weinberg Street Address 1076 North Main Street City Providence State RI Zip 02904	Treasurer Name Marc S. Weinberg Street Address 1076 North Main Street City Providence State RI Zip 02904

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

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
	2,000	NO PAR VAL	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

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



File Date: 1-30-98
Check No.: 1177
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: 1/18/98
Print or Type Name of Officer: Marc S. Weinberg
Title of Officer: President

ATTACHMENT

Richard A. Cottiero

Vice President

**1076 North Main Street
Providence, RI 02904**



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. **10321** 2. Name of Corporation **Hypertension & Nephrology, Inc.**
3. Street Address Principal Business Office **1076 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **861-7711** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical care and services

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

President Name Marc S. Weinberg	Vice President Name David C. Yoburn	Vice President Richard A. Cottiero
Street Address 1076 North Main Street	Street Address 1076 North Main Street	
City Providence State RI Zip 02904	City Providence State RI Zip 02904	
Secretary Name Marc S. Weinberg	Treasurer Name Marc S. Weinberg	
Street Address 1076 North Main Street	Street Address 1076 North Main Street	
City Providence State RI Zip 02903	City Providence State RI Zip 02904	

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
2,000	NO PAR VAL		100	Common	No Par Value

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



* 1 0 3 2 1 *

File Date: 2/27/97
Check No.: 10286
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.

Marc S. Weinberg 2/4/97
Signature of Officer Date

Marc S. Weinberg
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. 10321		2. NAME OF CORPORATION Hypertension & Nephrology, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1076 North Main Street		CITY Providence	STATE RI	ZIP CODE 02904
4. BUSINESS PHONE NO. 401-861-7711		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Providing professional medical care and services.

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Marc S. Weinberg		VICE PRESIDENT NAME David C. Yoburn		Vice President Richard A. Cottiero	
STREET ADDRESS 1076 North Main Street		STREET ADDRESS 1076 North Main Street			
CITY Providence	STATE RI	ZIP CODE 02904	CITY Providence	STATE RI	ZIP CODE 02904
SECRETARY NAME Richard D. Boriskin		TREASURER NAME Marc S. Weinberg			
STREET ADDRESS 55 Pine Street		STREET ADDRESS 1076 North Main Street			
CITY Providence	STATE RI	ZIP CODE 02903	CITY Providence	STATE RI	ZIP CODE 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME		DIRECTOR NAME			
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
2,000	NO PAR VAL		100	Common	no par value

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

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

File Date: 3/13/96
Check No: 8747
By: [Signature]

[Signature]
Signature of Officer
Marc S. Weinberg
Print or Type Name of Officer
President
Title of Officer
2-15-96
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

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

Corporate ID: 0010521 Annual Report for the year: 1995

Name of Corporation: Hypertension & Nephrology, Inc.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):

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

 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____
 Brief statement of the character of business conducted in Rhode Island:
providing professional medical
care and services

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

1076 North Main Street
Providence, RI 02904

Phone: (401) 861-7711

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE
Marc S. Weinberg, 1076 North Main Street, Providence, RI 02904

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE
David C. Yoburn, 1076 North Main Street, Providence, RI 02904

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE
Richard D. Boriskin, 55 Pine Street, Providence, Ri 02903

TREASURER STREET ADDRESS CITY/STATE ZIP CODE
Marc S. Weinberg, 1076 North Main Street, Providence, Ri 02904

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 (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 2,000 Class / Series Common Number of Shares 100 Class / Series Common

Date January 10, 19 95 By: Marc S. Weinberg

PRINT OR TYPE NAME OF OFFICER SIGNING Marc S. Weinberg

Form 31 1/95 TITLE OF OFFICER SIGNING President

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.

RICHARD D. BORISKIN
 55 PINE STREET
 PROVIDENCE RI 02903

PAID
 FEB 13 1995
 SECY OF STATE
 MC 7727

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: 0010321 Annual Report for the year: 1994

Name of Business Entity: Hypertension & Nephrology, Inc.

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):

1076 North Main Street
Providence, RI 02906

Phone: _____

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 7-1.6)

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

Marc S. Weinberg, President
1076 North Main Street
Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island: providing professional medical care and services.

Date of Organization: 1/13/88 MS

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
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Marc S. Weinberg</u>	<u>1076 North Main Street</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>1076 North Main Street</u>	<u>Providence, RI</u>	<u>02906</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>55 Pine Street</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>1076 North Main Street</u>	<u>Providence, RI</u>	<u>02906</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2,000

CLASS Common

SERIES

XXXXXXXXXX
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

XXXXXXXXXX
WITHOUT PAR

Date February 21, 19 94

By: Marc S. Weinberg

Marc S. Weinberg
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 21 - 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

FILED

MAR 09 1994

By: MS96905

RICHARD D. BORISKIN
55 PINE STREET
PROVIDENCE RI 02903

Filing Fee \$15.00

5335 70

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 10321 Annual Report for the year 1993

FIRST: The name of the corporation is Hypertension and Nephrology, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is providing professional medical care and services

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

FIFTH: Business address in Rhode Island 1076 North Main Street, Providence, RI 02906

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

Name Office Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Marc S. Weinberg.	President	1076 North Main Street, Providence, RI 02906
David C. Yoburn.	Vice President	1076 North Main Street, Providence, RI 02906
Richard D. Boriskin	Secretary	55 Pine Street, Providence, RI 02903.
Marc S. Weinberg.	Treasurer	1076 North Main Street, Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		Without Par Value

PAID

MAR 19 1993

EIGHTH: Number of Shares issued:

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

SECRETARY OF STATE

Dated March 5, 19 93

Hypertension & Nephrology, Inc.

(Name of Corporation)

By Marc S Weinberg MD
President

(Report must be signed by an officer)

Title.....

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 10321 Annual Report for the year 1992

FIRST: The name of the corporation is Hypertension and Nephrology, Inc.

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

THIRD: Character of business, briefly stated, is medical practice

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Avenue, Suite 304
Providence, R.I. 02906

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

Name	Office	Address (including number, street, zip code)
<u>Marc S. Weinberg</u>	<u>Director</u>	<u>82 Talbot Way, Seekonk, MA 02771</u>
<u>David C. Yoburn</u>	<u>Director</u>	<u>18 Bemuth Rd., Newton, MA 02161</u>
	<u>Director</u>	
<u>Marc S. Weinberg</u>	<u>President</u>	<u>82 Talbot Way, Seekonk, MA 02771</u>
<u>David C. Yoburn</u>	<u>Vice President</u>	<u>18 Bemuth Road, Newton, MA 02161</u>
<u>Richard D. Boriskin</u>	<u>Secretary</u>	<u>55 Pine Street, Providence, RI 02903</u>
<u>Marc S. Weinberg</u>	<u>Treasurer</u>	<u>Same as Above</u>

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

✓
Qntty
REC'D & FILED
DEC 30 1992
 Series *92040*

Dated December 3 19 92

Hypertension & Nephrology, Inc.

(Name of Corporation)

By Marc S. Weinberg

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0010321 Annual Report for the year 1991

FIRST: The name of the corporation is Hypertension & Nephrology, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical practice

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1076 North Main Street, Providence, RI 02904

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Marc S Weinberg	President	82 Talbot Way, Seekonk, MA 02771
Marc S Weinberg	Vice President	82 Talbot Way, Seekonk, MA 02771
Marc S Weinberg	Secretary	82 Talbot Way, Seekonk, MA 02771
Marc S Weinberg	Treasurer	82 Talbot Way, Seekonk, MA 02771

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common	PAID	No par

FEB 14 1991

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	REC'D OF STATE	No par

Dated February 13, 1991 19

Hypertension and Nephrology, Inc.
(Name of Corporation)

By Marc S Weinberg
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0010321 Annual Report for the year 1990

FIRST: The name of the corporation is Hypertension & Nephrology Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical practice

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 100 Highland Avenue, Suite 304,
Providence, RI

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Marc S. Weinberg	President	82 Talbot Way, Seekonk, MA 02771
Marc S. Weinberg	Vice President	82 Talbot Way, Seekonk, MA 02771
Marc S. Weinberg	Secretary	82 Talbot Way, Seekonk, MA 02771
Marc S. Weinberg	Treasurer	82 Talbot Way, Seekonk, MA 02771

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		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 par

PAID

FEB 20 1990

Dated 2/2 19 90

SECY OF STATE
Hypertension & Nephrology Associates, Inc.
(Name of Corporation)

By Marc S. Weinberg, MD
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

DV

Corporate ID 0010321 Annual Report for the year 1989

FIRST: The name of the corporation is Hypertension & Nephrology Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The practice of medicine,
hypertension and nephrology, and any lawful business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Avenue, Suite 304
Providence, Rhode Island

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Marc S. Weinberg	President	100 Highland Ave., Suite 304, Providence, R.I.
Marc S. Weinberg	Vice President	100 Highland Ave., Suite 304, Providence, R.I.
Lori Weinberg	Secretary	100 Highland Ave., Suite 304, Providence, R.I.
Marc S. Weinberg	Treasurer	100 Highland Ave., Suite 304, Providence, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No Par

PAID

MAR 15 1989

EIGHTH: Number of Shares issued:

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

RECEIVED BY OFFICE OF STATE

Dated February 28 19 89

HYPERTENSION & NEPHROLOGY ASSOCIATES, INC.
(Name of Corporation)

By Marc S. Weinberg

Title President

(Report must be signed by an officer)