



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 OR PRINTED IN BLACK)

1. Corporate ID No 6922		2. Name of Corporation ANTHONY MANOCCHIO, M.D., INC.		
3. Street Address Principal Business Office 1524 Atwood Ave Bldg D Ste 4H2		City Johnston	State RI	Zip 02919
4. Business Phone No 401 273-1666		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island PHYSICIANS OFFICE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Anthony Manocchio MD		Vice President Name None		
Street Address 86 PARIS Irons Rd		Street Address		
City Chepachet	State RI	Zip 02814	City	State
Secretary Name None		Treasurer Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Anthony Manocchio MD		Director Name None		
Street Address 86 PARIS Irons Rd		Street Address		
City Chepachet	State RI	Zip 02814	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
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
100 COMM NO PAR VALUE			100 no par value	

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



FILED	
File Date	MAR 03 2005
Check No.	By MLO-261
By:	FOR SECRETARY OF STATE USE ONLY G04

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 Anthony Manocchio MD Date 3/1/05  
Print or Type Name of Officer Anthony Manocchio MD  
Title of Officer President



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 OR PRINTED IN BLACK)

1. Corporate ID No. <b>6922</b>		2. Name of Corporation <b>ANTHONY MANOCCHIO, M.D., INC.</b>			
3. Street Address Principal Business Office <b>1524 Atwood Ave Bldg D Ste 442</b>		City <b>Johnston</b>		State <b>RI</b>	Zip <b>02819</b>
4. Business Phone No. <b>401 273-1666</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>9217</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PHYSICIANS OFFICE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Anthony Manocchio MD</b>			Vice President Name <b>None</b>		
Street Address <b>86 Paris Irons Rd</b>			Street Address		
City <b>Chapachet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Anthony Manocchio MD</b>			Director Name <b>None</b>		
Street Address <b>86 Paris Irons Rd</b>			Street Address		
City <b>Chapachet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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
100 COMM NO PAR VALUE			100 Unpar comm		

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



\* 6 9 2 2 \*

File Date	<b>5-05-04</b>
Check No.	<b>2115</b>
By:	<b>UP</b>
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 **Anthony Manocchio MD** Date **5/17/04**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. 16222		2. Name of Corporation Anthony R. Manocchio, MD Inc.			
3. Street Address, Principal Business Office 51 Jefferson Blvd			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401 941-4433		5. State of Incorporation Rhode Island			6. SIC Code 9217
7. Brief Description of the Character of business conducted in Rhode Island Physicians Office					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony R. Manocchio MD			Vice President Name None		
Street Address 86 Paris Irons Rd			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony R. Manocchio MD			Director Name None		
Street Address 86 Paris Irons Rd.			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Director Name None			Director Name None		
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"/>		
A. AUTHORIZED SHARES			B. ISSUED SHARES		
Number of Shares 400	Class/Series	Par Value \$100 par value	Number of Shares 100	Class/Series	Par Value

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

**FILED**

File Date: APR 29 2003

Check No: BY 316955

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: *Anthony R. Manocchio* Date: 4/28/03

Print or Type Name of Officer: Anthony R. Manocchio MD

Signature of Officer: *President*

Print or Type Name of Officer: President

File of Officer: \_\_\_\_\_



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

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. <u>6922</u>		2. Name of Corporation <u>Anthony R. Manocchio MD Inc</u>			
3. Street Address Principal Business Office <u>51 Jefferson Blvd</u>			City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
4. Business Phone No. <u>401 941-4433</u>		5. State of Incorporation <u>Rhode Island</u>			6. SIC Code <u>9217</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Physicians Office</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Anthony R. Manocchio MD</u>			Vice President Name <u>NONE</u>		
Street Address <u>86 PARIS TRONS Rty.</u>			Street Address		
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Anthony R. Manocchio MD</u>			Director Name <u>NONE</u>		
Street Address <u>86 PARIS TRONS Rd.</u>			Street Address		
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
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 <u>100</u>	Class/Series	Par Value <u>NO PAR (CM)</u>	Number of Shares <u>100</u>	Class/Series	Par Value
			<u>NO par cm?</u>		

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

**FILED**

File Date: APR 29 2003  
Check No.: 316895  
By: 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.

Anthony R. Manocchio MD 4/28/03  
Signature of Officer Date  
Anthony R. Manocchio MD  
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 OR PRINTED IN BLACK)

1. Corporate ID No. <u>6923</u>		2. Name of Corporation <u>Anthony R. Manocchio MD Inc</u>			
3. Street Address Principal Business Office <u>51 Jefferson Blvd</u>			City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
4. Business Phone No. <u>401 941-4433</u>		5. State of Incorporation <u>Rhode Island</u>		6. SIC Code <u>9217</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Physicians Office</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Anthony R. Manocchio MD</u>			Vice President Name <u>None</u>		
Street Address <u>86 Paris Irons Rd.</u>			Street Address		
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Secretary Name <u>None</u>			Treasurer Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Anthony R. Manocchio MD</u>			Director Name <u>None</u>		
Street Address <u>86 PARIS IRONS RD</u>			Street Address		
City <u>Chepachet</u>	State <u>RI</u>	Zip <u>02814</u>	City	State	Zip
Director Name <u>None</u>			Director Name <u>None</u>		
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 <u>400</u>	Class/Series	Par Value <u>No Par/lim</u>	Number of Shares <u>100</u>	Class/Series	Par Value <u>No par/lim</u>

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

**FILED**

File Date: APR 29 2003

Check No.: BY GAW 316995

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

Anthony R. Manocchio MD 4/28/03  
Signature of Officer Date

Anthony R. Manocchio MD  
Print or Type Name of Officer

President  
Title of Officer



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

Corporation Division  
100 North Main Street, Providence, RI 02903-1511  
401-222-3000



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>6922</b>		2. Name of Corporation <b>Anthony R. Manocchio MD Inc</b>			
3. Street Address Principal Business Office <b>51 Jefferson Blvd</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>401 941-4433</b>		5. State of Incorporation <b>Rhode Island</b>			6. SIC Code <b>9217</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Physicians Office</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Anthony R. Manocchio MD</b>			Vice President Name <b>None</b>		
Street Address <b>86 PARIS TROUS RD.</b>			Street Address		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Anthony R. Manocchio MD</b>			Director Name <b>None</b>		
Street Address <b>86 PARIS TROUS RD.</b>			Street Address		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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 <b>400</b>	Class/Series	Par Value <b>No Par Con</b>	Number of Shares <b>100</b>	Class/Series	Par Value <b>No Par Con</b>

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

**FILED**

File Date: \_\_\_\_\_

**APR 29 2003**

Check No.: \_\_\_\_\_

**8V GWA 316995**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

*Anthony R. Manocchio MD* 4/28/03  
Signature of Officer Date

**Anthony R. Manocchio MD**  
Print or Type Name of Officer

**President**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. 1932		2. Name of Corporation Anthony R. Manocchio MD Inc.	
3. Street Address Principal Business Office 51 Jefferson Blvd		City Warwick	State RI
4. Business Phone No. 401 941-4433		5. State of Incorporation Rhode Island	6. SIC Code 9217
7. Brief Description of the Character of business Conducted in Rhode Island Physicians Office			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Anthony R. Manocchio MD		Vice President Name None	
Street Address 86 Paris Irons Rd		Street Address	
City Chepachet	State RI	Zip 02814	
Secretary Name None		Treasurer Name None	
Street Address		Street Address	
City	State	Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Anthony R. Manocchio MD		Director Name None	
Street Address 86 Paris Irons Rd		Street Address	
City Chepachet	State RI	Zip 02814	
Director Name None		Director Name None	
Street Address		Street Address	
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 400	Class/Series Common	Number of Shares 100	Class/Series Common
Par Value None		Par Value None	

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

**FILED**

File Date: APR 29 2003

Check No.: 30 (C.A.W. 316895)

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: *Anthony R. Manocchio* Date: 4/28/03

Print or Type Name of Officer: Anthony R. Manocchio MD

Title of Officer: President

Form 600-1202

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 16922		2. Name of Corporation Anthony R. Manocchio MD, Inc.			
3. Street Address: Principal Business Office 57 Jefferson Blvd			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401 941-4433		5. State of Incorporation Rhode Island			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Physicians Office					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony R. Manocchio MD			Vice President Name None		
Street Address 86 Paris Irons Rd.			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony R. Manocchio MD			Director Name None		
Street Address 86 Paris Irons Rd.			Street Address		
City Chepachet	State RI	Zip 02814	City	State	Zip
Director Name None			Director Name None		
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 400	Class/Series	Par Value \$100 PER SHARE	Number of Shares 100	Class/Series	Par Value

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

File Date: **FILED**

Check No.: APR 29 2003

By: 3y CWA 316945

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: *Anthony R. Manocchio* Date: 4/23/03

Print or Type Name of Officer: Anthony R. Manocchio MD

Title of Officer: President

Form 620 12/02





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

James R. Lungevin, 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)

1. Corporate ID No.		2. Name of Corporation			
6922		ANTHONY MANOCCHIO, M.D., INC.			
3. Street Address Principal Business Office		City	State	Zip	
51 JEFFERSON BLVD.		Warwick,	R.I.	02888	
4. Business Phone No.		5. State of Incorporation		6. SIC Code	
(401) 941-4433		RHODE ISLAND		9217	
7. Brief Description of the Character of Business Conducted in Rhode Island					
Owning, operating and maintaining an establishment in which the practice of medicine shall be carried on.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name		Vice President Name			
Anthony Manocchio					
Street Address		Street Address			
451 Pleasant Valley Pkwy.					
City	State	Zip	City	State	Zip
Providence	R.I.	02908			
Secretary Name		Treasurer Name			
		Anthony Manocchio			
Street Address		Street Address			
		Same			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name		Director Name			
Anthony Manocchio					
Street Address		Street Address			
Same					
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
400 SHS NO PAR COM			106	Common	NPV

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



\* 6 9 2 2 \*

Date: 2/27/97

3334

TARY 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: Anthony Manocchio Date: 2/25/97

Print or Type Name of Officer: Anthony Manocchio

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. 6922  
2. NAME OF CORPORATION ANTHONY MANOCCHIO, M.D., INC.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 51 Jefferson Blvd. Warwick, R.I. 02888  
4. BUSINESS PHONE NO. 941-4433  
5. STATE OF INCORPORATION R.I.  
6. SIC CODE 9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Owning, operating and maintaining an establishment in which the practice of medicine shall be carried on.

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME Anthony Manocchio  
STREET ADDRESS 451 Pleasant Valley Pkwy.  
CITY Providence STATE R.I. ZIP CODE 02908  
VICE PRESIDENT NAME  
STREET ADDRESS  
CITY STATE ZIP CODE  
SECRETARY NAME  
STREET ADDRESS  
CITY STATE ZIP CODE  
TREASURER NAME Anthony Manocchio  
STREET ADDRESS Same  
CITY STATE ZIP CODE

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME Anthony Manocchio  
STREET ADDRESS Same  
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
400	Common	NPV	106	Common	NPV

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

Anthony Manocchio  
Print or Type Name of Officer

President  
Title of Officer  
2/8/96 (CS)  
Date

File Date: 2/8/96

Check No: 2687

By: (CS) / UP  
For Secretary of State Use Only

Filing Fee \$50.00  
Payable to:  
Secretary of State  
RI

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  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

Corporate ID: 6922 Annual Report for the year: 1995

Name of Business Entity: Anthony Manocchio, M.D., Inc.

Business entity organized under the laws of the State of:

RI

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

N/A

Phone: ( )

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

51 Jefferson Blvd.  
Warwick, R.I. 02888

Phone: ( 401 ) 941-4433

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:

Anthony Manocchio, M.D.  
51 Jefferson Blvd.  
Warwick, R.I. 02888

Brief statement of the character of business conducted in Rhode Island  
Practice of rendering medical services

Date of Organization: 4/1/76 04/05/76 mnc

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

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER ☒ PRESIDENT (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

Anthony Manocchio 51 Jefferson Blvd. Warwick, R.I. 02888  
☐ CHIEF OPERATING OFFICER ☐ VICE PRESIDENT (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

☐ CUSTODIAN OF RECORDS ☐ SECRETARY (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

☐ TREASURER (SEE RIGL 7-1.1) ☒ TREASURER (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

Anthony Manocchio 51 Jefferson Blvd. Warwick, R.I. 02888

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Anthony Manocchio 51 Jefferson Blvd Warwick, R.I. 02888  
NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 400

CLASS Common

SERIES --

PAR VALUE OR  
WITHOUT PAR NPV

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 106

CLASS Common

SERIES --

PAR VALUE OR  
WITHOUT PAR NPV

Date: 1/24/95 19 95 By: Anthony Manocchio

Anthony Manocchio  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

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: 6922 Annual Report for the year: 1994

Name of Business Entity: Anthony Manocchio, M.D., Inc.

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

For foreign entity, address and telephone number of principal office

N/A

Phone: ( )

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

51 Jefferson Blvd.  
Warwick, R.I. 02888

Phone: ( 401 ) 941-4433

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:

Anthony Manocchio, M.D.  
51 Jefferson Blvd.  
Warwick, R.I. 02888

Brief statement of the character of business conducted in Rhode Island:  
Practice of rendering medical services

Date of Organization: 4/1/76 4/5/76 ME

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

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

Anthony Manocchio 51 Jefferson Blvd. Warwick, R.I. 02888

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (SEE RIGL 7-1.1) STREET ADDRESS CITY/STATE ZIP CODE

Anthony Manocchio 51 Jefferson Blvd. Warwick, R.I. 02888

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Anthony Manocchio 51 Jefferson Blvd. Warwick, R.I. 02888

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>400</u>	NUMBER	<u>106</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES	<u>--</u>	SERIES	<u>--</u>
PAR VALUE OR WITHOUT PAR	<u>NPV</u>	PAR VALUE OR WITHOUT PAR	<u>NPV</u>

Date 12/10, 19 94

By: Anthony Manocchio

Anthony Manocchio  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 21 1-94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

FILED  
DEC 19 1994  
B5906#1805

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 6922 Annual Report for the year 1993

FIRST: The name of the corporation is Anthony Manocchio, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Owning, operating and maintaining an  
establishment in which the practice of medicine shall be carried on

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

FIFTH: Business address in Rhode Island  
51 Jefferson Blvd., Warwick, R.I. 02888

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

Name	Office	Address (including number, street, zip code)
<u>Anthony Manocchio</u>	<u>Director</u>	<u>451 Pleasant Valley Pkwy.</u>
<u></u>	<u>Director</u>	<u>Providence, R.I.</u>
<u></u>	<u>Director</u>	<u></u>
<u>Anthony Manocchio</u>	<u>President</u>	<u>Same</u>
<u></u>	<u>Vice President</u>	<u></u>
<u></u>	<u>Secretary</u>	<u></u>
<u>Anthony Manocchio</u>	<u>Treasurer</u>	<u>Same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>400</u>	<u>Common</u>	<u>-</u>	<u>NPC</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>106</u>	<u>Common</u>	<u>-</u>	<u>NPC</u>

APR 02 1993  
SECY OF STATE

Dated ✓ 3-22 19 93

Anthony Manocchio, M.D., Inc.  
(Name of Corporation)

By Anthony Manocchio, M.D., Inc.

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

346 R.D.

Corporate ID 6922

Annual Report for the year 1992

FIRST: The name of the corporation is Anthony Manocchio, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Owning, operating and maintaining an  
establishment in which the practice of medicine shall be carried on

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

FIFTH: Business address in Rhode Island  
51 Jefferson Blvd. Warwick, R.I. 02888

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

Name

Office

Address (including number, street, zip code)

Anthony Manocchio Director 451 Pleasant Valley Pkwy

Director Providence, R.I.

Director

Anthony Manocchio President Same

Vice President

Secretary

Anthony Manocchio Treasurer Same

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

400

Common

PAID

NPC

EIGHTH: Number of Shares issued:

No. of Shares

Class

SEC'y OF STATE

Par Value  
or statement that  
shares are without  
par value

106

Common

-

NPC

Dated May 5 19 92

Anthony Manocchio, M.D., Inc.

(Name of Corporation)

By Anthony Manocchio

Title President

(Report must be signed by an officer)

150.00  
Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6922 Annual Report for the year 1991

FIRST: The name of the corporation is Anthony Manocchio, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Owning, operating and maintaining an establishment in which the practice of medicine shall be carried on

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

386 Atwells Avenue Providence, R.I. 02909-1075

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

Name

Office

Address (including number, street, zip code)

Anthony Manocchio Director 451 Pleasant Valley Pkway

Director Providence, R.I.

Director

Anthony Manocchio President Same

Vice President

Secretary

Anthony Manocchio Treasurer Same

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

400 Common

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

NPC  
Par Value  
or statement that  
shares are without  
par value

106 Common

NPC

Dated March 1 1991

Anthony Manocchio, M.D., Inc.  
(Name of Corporation)

By Anthony Manocchio M.D. Inc.

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903*CCO*Corporate ID 6922 Annual Report for the year 1990FIRST: The name of the corporation is ANTHONY MANOCCHIO, M.D., INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Owning, operating and maintaining  
an establishment in which the practice of medicine shall be carried on.FOURTH: If foreign corporation, address of its principal office.....  
N/AFIFTH: Business address in Rhode Island.....  
386 Atwells Avenue Providence, R.I. 02909

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

Name	Office	Address (including number, street, zip code)
Anthony Manocchio	Director	451 Pleasant Valley Pkway
	Director	Providence, R.I.
	Director	
Anthony Manocchio	President	Same
	Vice President	
	Secretary	
Anthony Manocchio	Treasurer	Same

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated Feb 22, 19 90Anthony Manocchio, M.D., Inc.  
(Name of Corporation)By *Anthony Manocchio*Title PRESIDENT

(Report must be signed by an officer)

PAID

FEB 26 1990

SECY. OF STATE



## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID.....6922.....Annual Report for the year.....1967.....FIRST: The name of the corporation is.....ANTHONY MANOCCHIO, M.D., INC......SECOND: It is incorporated under the laws of.....Rhode Island.....THIRD: Character of business, briefly stated, is.....Owning, operating and maintaining  
an establishment in which the practice of medicine shall be carried on......FOURTH: If foreign corporation, address of its principal office.....  
N/A.....FIFTH: Business address in Rhode Island.....  
235 Plain Street.....Providence, R.I. 02905.....

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

Name

Office

Address (including number, street, zip code)

Anthony Manocchio.....Director.....451 Pleasant Valley Pkway.....Director.....Providence, R.I......Director.....Anthony Manocchio.....President.....Same.....Vice President.....Secretary.....Anthony Manocchio.....Treasurer.....Same.....

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value400Common-NPC

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value106Common-NPCDated.....19.....Anthony Manocchio, M.D., Inc.  
(Name of Corporation)By..........Title.....PRESIDENT.....

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 4922

Annual Report for the year 1988

FIRST: The name of the corporation is ANTHONY MANOCCHIO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Owning, operating and maintaining  
an establishment in which the practice of medicine shall be carried on.

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

FIFTH: Business address in Rhode Island  
235 Plain Street Providence, R.I. 02905

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

Name	Office	Address (including number, street, zip code)
Anthony Manocchio	Director	451 Pleasant Valley Pkway
	Director	Providence, R.I.
	Director	
Anthony Manocchio	President	Same
	Vice President	
	Secretary	
Anthony Manocchio	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class
400	Common

Series  
PAID

JAN 20 1989

SECY OF STATE

Par Value  
or statement that  
shares are without  
par value.

JAN 20 1989  
NPC

EIGHTH: Number of Shares issued:

No. of Shares	Class
106	Common

Series

-

Par Value  
or statement that  
shares are without  
par value

NPC

Dated 1/11/88 19 88

Anthony Manocchio, M.D., Inc.  
(Name of Corporation)

By Anthony Manocchio  
Title PRESIDENT

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 6922 Annual Report for the year 1987FIRST: The name of the corporation is ANTHONY MANOCCHIO, M.C., INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Owning, operating and maintaining  
an establishment in which the practice of medicine shall be carried on.

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

875 Oaklawn Avenue Cranston, R.I. 02920

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

Name

Office

Address (including number, street, zip code)

Anthony Manocchio Director 451 Pleasant Valley PkwayDirector Providence, R.I.

Director

Anthony Manocchio President Same

Vice President

Secretary

Anthony Manocchio Treasurer Same

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

400

Common

- PAID

NPC

EIGHTH: Number of Shares issued:

No. of Shares

Class

SECY. OF STATE

Par Value  
or statement that  
shares are without  
par value

106

Common

-

NPC

Dated 1.22 19 87Anthony Manocchio, M.D., Inc.  
(Name of Corporation)By PresidentTitle Anthony Manocchio, M.D., Inc.

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 6922 Annual Report for the year 1986FIRST: The name of the corporation is ANTHONY MANOCCHIO, M.D., INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Owning, operating and maintaining  
an establishment in which the practice of medicine shall be carried on.

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

875 Oaklawn Avenue Cranston, R.I. 02920

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

Name

Office

Address (including number, street, zip code)

Anthony Manocchio Director 451 Pleasant Valley PkwyDirector Providence, R.I.

Director

Anthony Manocchio President Same

Vice President

Secretary

Anthony Manocchio Treasurer Same

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value400Common

PAID

APR 03 1986

NPC

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value106Common

SECY. OF STATE

-NPCDated 4/27 19 86Anthony Manocchio, M.D., Inc.

(Name of Corporation)

By Anthony ManocchioTitle President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6922

Annual Report for the year 1985

FIRST: The name of the corporation is ANTHONY MANOCCHIO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is OWNING, OPERATING ANDMAINTAINING AN ESTABLISHMENT IN WHICH THE

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

875 OAKLAWN AVE. CRANSTON, R.I. 02920

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANTHONY MANOCCHIO	Director	451 PLEASANT VALLEY PKWAY
	Director	PROVIDENCE, R.I.

ANTHONY MANOCCHIO	President	SAME
-------------------	-----------	------

	Vice President	
--	----------------	--

	Secretary	
--	-----------	--

ANTHONY MANOCCHIO	Treasurer	SAME
-------------------	-----------	------

SEVENTH: Number of Shares authorized:

No. of Shares

Class

03/11/85

Series

Par Value  
or statement that  
shares are without  
par value

400

COMMON

-

NPC

EIGHTH: Number of Shares issued:

No. of Shares

Class

PAID

Series

Par Value  
or statement that  
shares are without  
par value

106

COMMON

ANRE  
CHER  
01294001

-

NPC

Dated

4/15

19

85

ANTHONY MANOCCHIO, M.D., INC.

(Name of Corporation)

By

01

00

Title

Anthony Manocchio

PRES.

(Report must be signed by an officer)

ANTHONY MANOCCHIO, M.D., INC.  
ANTHONY MANOCCHIO, M.D.  
875 OAKLAWN AVE.  
CRANSTON RI

Filing fee: \$15.00

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

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

Annual Report for the year 1984

FIRST: The name of the corporation is  
Anthony Manocchio, M.D., Inc. 05-0368259

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Owning, operating and  
maintaining an establishment in which the practice of medicine  
shall be carried on.

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

FIFTH: Business address in Rhode Island (blank reports will be mailed to this  
address) 875 Oaklawn Avenue Cranston, R.I. 02910

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Anthony Manocchio	Director	451 Pleasant Valley Pkway Providence, R.I.
	Director	
	Director	
Anthony Manocchio	President	Same
	Vice President	
	Secretary	
Anthony Manocchio	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated: 12/11/84 Anthony Manocchio, M.D., Inc.

(Name of Corporation)

By: Anthony Manocchio, Inc.

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

Filing fee: \$15.00

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

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

Annual Report for the year 1983

FIRST: The name of the corporation is

ANTHONY MANOCCHIO, M.D., INC.

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

THIRD: Character of business, briefly stated, is owning, operating and maintaining an establishment in which the practice of medicine shall be carried on, pursuant to the professional service corporation statutes of the General Laws of the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 265 Atwells Avenue, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Anthony Manocchio	Director	875 Oaklawn Avenue, Cranston, R.I.
	Director	
	Director	
Anthony Manocchio	President	875 Oaklawn Avenue, Cranston, R.I.
	Vice President	
Anthony Manocchio	Secretary	875 Oaklawn Avenue, Cranston, R.I.
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
106	common	7-583	no par value

Dated: June 23 1983

ANTHONY MANOCCHIO, M.D., INC.

(Name of Corporation)

By *Anthony Manocchio*  
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

Filing fee: \$15.00

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

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

Annual Report for the year 1982

FIRST: The name of the corporation is  
ANTHONY MANOCCHIO, M.D., 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 (blank reports will be mailed to this address) 825 Oaklawn Avenue, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Anthony Manocchio	Director	451 Pleasant Valley Parkway, Prov., RI
	Director	
	Director	
Anthony Manocchio	President	451 Pleasant Valley Parkway, Prov., RI
	Vice President	
Anthony Manocchio	Secretary	451 Pleasant Valley Parkway, Prov., RI
Anthony Manocchio	Treasurer	451 Pleasant Valley Parkway, Prov., RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated: 2/25 1982

3 16 82  
ANTHONY MANOCCHIO, M.D., INC.

(Name of Corporation)

By Anthony Manocchio

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

OFFICE OF THE SECRETARY OF STATE

## OF

ANTHONY MANOCCHIO, M.D., INC.

FIRST: The name of the corporation is ANTHONY MANCCHIO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
825 Oaklawn Avenue, Cranston, Rhode Island  
and the name of its registered agent in Rhode Island at such address is  
Anthony Manocchio

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is      Medical practice .....

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

Name	Office	Address
Anthony Manocchio	Director	451 Pleasant Valley Parkway, Prov., RI
	Director	
	Director	
	Director	
	Director	
	Director	
Anthony Manocchio	President	451 Pleasant Valley Parkway, Prov., RI
	Vice President	
Anthony Manocchio	Secretary	451 Pleasant Valley Parkway, Prov., RI
Anthony Manocchio	Treasurer	451 Pleasant Valley Parkway, Prov., RI

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

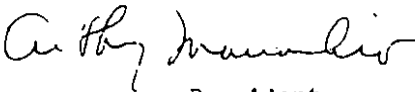
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>7</u> <u>100</u> <u>Par Value per Share or Statement that Shares are without Par Value</u>
400	Common		No Par Value

JUL 7 1981  
42

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
400	Common		No Par Value

Dated 7 / 8 , 19 81 ANTHONY MANOCCHIO, M.D., INC.  
(NAME OF CORPORATION)

By   
Its 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**  
**ANNUAL REPORT**  
**OF**

ANTHONY MANOCCHIO, M.D., INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Anthony Manocchio, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

13 Cross Street, Westerly, Rhode Island 02891

and the name of its registered agent in Rhode Island at such address is  
Richard C. Sisco of Lauria & Sisco, Inc.

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

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

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

Name	Office	Address
Anthony Manocchio	Director	875 Oaklawn Avenue, Cranston, RI
	Director	
	Director	
	Director	
	Director	
	Director	
Anthony Manocchio	President	Same
Anthony Manocchio	Vice President	Same
Anthony Manocchio	Secretary	Same
Anthony Manocchio	Treasurer	Same

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

Number of Shares	Class	Series
400	no par common	

Par Value per Share  
or Statement that  
Shares are without  
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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
400	no par common		

Dated February 19, 1980

ANTHONY MANOCCHIO, M.D., INC.  
(NAME OF CORPORATION)

By (x) *Anthony Manocchio, M.D.*  
Its 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

ANNUAL REPORT

OF

ANTHONY MANOCCHIO, M.D., INC.

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

FIRST: The name of the corporation is ANTHONY MANOCCHIO, M.D., INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is  
13 CROSS STREET, WESTERLY, R.I. 02891

and the name of its registered agent in Rhode Island at such address is  
RICHARD C. SISCO OF LAURIA & SISCO, INC.

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

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is MEDICAL PRACTICE

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

Name	Office	Address
ANTHONY MANOCCHIO	Director	875 OAKLAWN AVENUE, CRANSTON, RI
	Director	
	Director	
	Director	
	Director	
ANTHONY MANOCCHIO	Director	" "
	President	
	Vice President	
ANTHONY MANOCCHIO	Secretary	" "
	Treasurer	

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
400	NO PAR COMMON	8	

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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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
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400

NO PAR COMMON

Dated JULY 31, 1979, 19

ANTHONY MANOCCHIO, M.D., INC.  
(NAME OF CORPORATION)

By *X. Anthony Manocchio*  
Its 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**

**ANNUAL REPORT**

**OF**

**ANTHONY MANOCCHIO, M.D., INC.**

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15 Cross Street, Westerly, RI 02891

and the name of its registered agent in Rhode Island at such address is

Richard C. Sisco of Lauria & Sisco, Inc.

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

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

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

Name	Office	Address
Anthony Manocchio	Director	875 Oaklawn Ave., Cranston, RI
	Director	
	Director	
	Director	
	Director	
	Director	
Anthony Manocchio	President	
	Vice President	
Anthony Manocchio	Secretary	
	Treasurer	

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

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

FEB 11 1977

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
400	no par common		

Dated January 20, 19 77

Anthony Manocchio, M.D., Inc.  
(NAME OF CORPORATION)

By *Anthony Manocchio MD*  
Its 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

### ANNUAL REPORT

OF

ANTHONY MANOCCHIO, M.D., INC.

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

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and the name of its registered agent in Rhode Island at such address is  
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	Director	
Anthony Manocchio	President	
	Vice President	
Anthony Manocchio	Secretary	
	Treasurer	

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

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
400	no par common	4 78	

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APR 20 1978

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:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
400	no par common		

Dated March 15, 1978

Anthony Manocchio, M.D., Inc.  
(NAME OF CORPORATION)

By *Anthony Manocchio, M.D., Inc.*  
Its President