

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 101.222.3010

Form 630 Rev. 12/03

PROFIT CORPOR	RATION AND	NUAL REPORT	T FOR THE YEAR	200	<u>)5 </u>	
illing Period: January I - M. FORM MUST BE TYPED OR PRIN		ig Fee: \$50.00				
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6922	1 ' '	NOCCHIO, M.D., INC.				
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1 Bustness Phone No 401 273 - 16	•	5. State of Incorporation RHODE ISLAND			6. SIC Gale 9217	
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Chepachet	State RI	Zip 02814	City	State	Zip	
Secretary Name NUMP	4	k	Trousurer Nagio			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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Title of Officer



File Date

FOR SECRETARY OF STATE USE ONLY

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

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Gurporate ID No. 2 Name of Corporation ANTHONY MANOCCHIO, M.D., INC. 6922 G. SIC Code RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhode Island PHYSICIANS OFFICE ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name Street Address State Treasurer Name Street Address Sinvi Aildees City State Cur FILL IN SPACES BEFORE USING ATTACHMENTS OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Street Address State Zip Director Name 100 nz Street Address City City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 100 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying chedules and statements, and that all statements continued betein are true and correct

Form 630 Rev. 12/03

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FOR SECRETARY OF SCALE USE ONLY

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 3.00.3 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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86 PARIS IRONS Rd	Street address		
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Corporations Lives . 4 100 North Main Street, Providence, RI 02903-1533 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00		7.7.7.	STPLEASE REAL INSTRUCTION TO
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Physici		ice			
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements are that all stateme	univer of Shares	400	Class/Series	Par Value D PAR COM	Number of Shares	180	Class/Series	Par Value
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct. APR 2 9 2003 Signature of officer APR 2 9 2003 Signature of officer APR 2 9 2004 Signature of officer APR 2 9 2005 Frint of Type Name of Officer For SECRETARY OF STATE USE ONLY						No parcut	7	
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FOR SECRETARY OF STATE USE ONLY THE OF OFFICER	Check No.:	3y(21170		Print of Tree	hony K	MANO	cchio Mi
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Corporation Dirisi 100 North Main Street, Providence, RI 02903-13. 401-222-36

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

GEORM MUST BE TYPED OR PRINTED IN BLACKI 1. Corporate ID No. 9217 Business Conducted in Rhode Island D ADDRESSES OF THE OFFICERS 1"X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name r)one 005 City State 02814 Ireasurer Name None Done Sincer Adaress Street Address Citi State Ziņ City State 7:5 9. NAMES AND ADDRESSES OF THE DIRECTORS IN FOX FOR ATTACLMENT. DELL IN SPACES BEFORE USING ATTACHMENTS Prector Name Street Address . :0 Zip **ク**2814 Director Name Done Street Address Street Address Car Cap State Zıp State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES AUTHORIZED SHARES Par Value DO FORU Number of Shares Par Value Number of Shares 400 Class/Series 100 Class/Series Neparcon This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste.

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			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	FILED		that all statements contained herein are true and correct.
Check No.:	APR 2 9 2003		Signature of Officer Date
Ru	31 CON 316995		Anthony R. MANOCCHO MD
··/·	OF STATE USE ONLY	163.4	The of Officer

Corporations Direct 100 North Main Street, Providence, RI 02903-133 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

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3 Street Address Principal Busines 51 JeHerson	Blud	R. MANGEL	WARWICK	State RI	02888
4 Business Phone No 401 941-1	4433	Rhole Is			6 SIC Code 9217
7 Brief Description of the Charact Philosical	ans Office			· · · · · · · · · · · · · · · · · · ·	1,411
8. NAMES AND ADDRE	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTACHM		BEFORE USING ATTA	CHMENTS.
President Name ANHMY R.	Manocchio	mD	Vice President Name None		
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Secretary Same NONE			Treasurer Name)e	
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9. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("N" BOX FOR ATTAC	omenio 🗖 fill in spac	ES BEFORE USING AT	FACHMENTS
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and atements contained hereigrare true and correct. FILED APR 2 9 2003 316995

FOR SECRETARY OF STATE USE ONLY

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Title of Officer

Corporations Divine 100 North Main Street, Providence, RI 02903-13 -

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

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	Under penalty of perjury, I declare and affirm that I have examined
FILED	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
APR 2 9 2003	Signature of Officer Date On the Proposed M
BY CAN 3 NOTES	Anthony R. Manocchio MD Print of Type Namodol Officer President
The same state of the same sta	Title of Officer Tenn 630 12302

Corporations Division 100 Horth Main Street, Providence, RI 02903-15 (5) 401-222-304:

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE REAL INSTRUCTIONS

GOPM MUST BE TITED OF PRINTED IN BLACKS				100
1 Corporate ID No. 2 Name of An	HAMON R. MANOC	chia MD. Inc.		
1 Street Address Francipal Business Office 51 Jefferson Blyd		wehid MD. Inc. WARWICK	State RI	02888
461 941-4433		Island	·	9217
Third Description of the Character of Business Co.	ice		. <u>. </u>	
8. NAMES AND ADDRESSES OF THI	E OFFICERS ("X" BOX FOR ATT	ACHMENT/ FILL IN SPACES B	EFORE USING ATTA	CHMENTS
Anthony R. MANOCC	hio MD	None		·
86. PARIS Iron	s Rd.	Street Address		$\epsilon_{ij} \sim \hat{\epsilon}_{ij}$
Chepachet R	I 102814	Cay	State	Zip
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		100	Ĭ	
This raport must be stored in the	an aishar sha beesid 10	Danislant C	- 1	
This report must be signed in ink t	by either the President, Vic	e President. Secretary, Assist	ant Secretary, Treas	surer, Receiver or Trust

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

Check No.: APR 2 9 2003

Sty. CANA 31 15945

FOR SECRETARY OF STATE USE ONLY

6. 4

Antray R. Mannechin MD

President

12 m 5

Term 630 12/02



James R. Langevin, Secretory 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. Carporate ID No.

2. Name of Corporation

6922
3. Street Address Principal Business Office

ANTHONY MANOCCHIO, M.D., INC.

51 JEFFERSON BLVD.

State D T

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 Rusiness Conducted in Rhody 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)

1.1621016111 lamine

Vice President Name

Warwick.

Anthony Manocchio

Street Address

451 Pleasant Valley Pkwy.

City

State

Zip

Street Address

State

Zip

Providence

R.I.

02908

Treasurer Name

Anthony Manocchio

Secretary Name
Street Address

Street Address

Same

City

City

City

State

Zip

City

City

State

Zip

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

Director Name

Director Name

Street Address

Anthony Manocchio

Street Address

Same

_ _ ... _

City

State

2.1p

Director Name

Director Name

Street Address

Street Address

State

State

Zip

Zip

City

Stat

Zip

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

AUTHORIZED SHARES
Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Serles

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

Jan 197 3334 196

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.

Chn Than Manueling

Anthony Manocchio
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

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 - (401) 277-3040

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

CORPORATE ID 110.	2. NAME OF CORPORATION	·	PRINT IN BLACK INK.		
		ANOCCUTO M D	TNC		
6922 Treet address pruiopal business		ANOCCHIO, M.D.,	INC.	STATE	7 ZP C00E
51 Jefferson			Warwick,	R.I.	. 02888
SPIRESS PHONE NO	5.74.	5, STATE OF INCORPORATION	·		6 SIC CODE
941-4433		R.I.			9217
Owning, oper	hall be carried 8. NAM	aining an estab on.	lishment in which ESSES OF THE OF WOE PRESIDENT NAME		of medicine
ET ADDRESS	CCITO		STREET ADDRESS		
451 Pleasant	Valley Pkwy.				
	STATE	ZIP C00€	— arry —————————————————————————————————	STATE	20° C000E
Providence ETARY NAME	R.I.	02908	TREASURER NAME		•
eet aooress			Anthony Ma STREET ADDRESS Same	•	-
	STATE	ZIP 000E	T OTY	STATE -	ZIP COOE -
ctor name Anthony Mano est accress Same	cchio -		ORECTOR NAME STREET ADDRESS		
545	STATE	ZIP CODE	- on	STATE	ZIP CODE
CTUR NAME			DIRECTOR NAME		
ET ADDRESS			* STREET ADORESS	•	
	STATE	ZIP COOE	- απν - -	STATE	ZIP COOE
		ARES AUTHOR	IZED AND ISSUED		
				ISSUED SHARES	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERES	PAR VALUE	ZBANGE OF SHARES	CLASS / SERES	PAR VALUE

File Date: 2/8/96

Check No: 2687

By: For Secretary of State Use Only

þ.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements expinitained hareln are trope and correct.

Cerum Mei

Signature of Officer

Anthony Manocchio
Print or Type Name of Officer

President

2/8/96 00

Title of Officer

Date

Filing Fee \$50.00 Payable for Secretary of State 3 N

PLEASE TYPE or PRINT

File Annually 4.1.C: Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:6922	Annual Report for the	e year:
Name of Business Entity:Anthony_Manocchin,I	M.D., Inc.	
	Business Entity is	
Business entity organized under the laws of the State of:	! I YI Busuw	ess Corporation (See RIGL Chapter 7-1.1)
R.I.	[] Profes	sional Service Corporation (See RIGL Chapter 7-5.1)
for foreign entity, address and telephone number of principal office:		ed Liability Company (See RIGL 7-16)
N/A	— - Name, title and ma	ailing address of contact person to whom nay be directed:
	j	/ Manocchio, M.D.
	51 Jef <i>t</i>	ferson Bivd.
Plione: (Wanwick	c. R. <u>I. 02888</u>
Address and telephone of the principal office of business entity in Rho	xle	
fsland (Provide street address - Not P.O. Box):	Brief statement of	the character of business conducted in Rhode Island
51 Jefferson Blvd. Warwick, R.I. 02888	Practice	e of rendering medical services
		sulation man
		ion 4/1/76 04/05/76 mnc
Phone: (401) 941-4433	Date of Qualificat N/A	ion to do business in Rhode Island (if foreign entity):
THE NA	UES OF THE OFFICERS ARI	
	MES OF THE OFFICERS ARI	
Anthony Manocchio 51 Jefferson	BIVd. Warwick.	R. I. 02888 ZIPCOD
☐ COSTONAS OF RECORDS OF □ SUCKE LORS (Clear become)	STRICK ADDINGS	CITASTATE ZIPĆON
Countries and the section of the sec	STREET ADDRESS	CHASTAIL ZIECOO
<u> Anthony Manocchio</u> <u>51 Jeffers</u> on	<u>Blvd. Warwick. —</u> IES OF THE DIRECTORS AR	R.I. 02888
SASII,	STRUCT ADDRESS	CHYSTATE ZIPCOD
Anthony Manocchio 51 Jeffersor	1 Blvd Warwick.	R. J. 02888 zin COD
NAMI.	STRUCK ADDRESS	CITYMENTE ZIP COD
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHAF	RES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 400	NUMBER	106
CLASS Common	CLASS	Common
SERIES	SERIES	·
PAR VALUE OR NPV NPV	PAR VALUE OR WITHOUT PAR	NPV
Date 1/24/95 19 95.	Byr anth	Ly marrichio
	Anthony Manocchi	i <u>0</u>
	President	
	THE CARLESTONIO	
Ferm 31 1/94		
DESIGNATED REGISTERED (<u>DR RESIDENT AGENT FOR </u>	SERVICE OF PROCESS:

Filing Fee \$50,00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:6922	Annual Report for the	year:	
Name of Business Entity:Anthony_Manocchio, _M, D.	<u></u>		
Name of dashed county.	Business Entity is (c	eheek onet:	
Business entity organized under the laws of the State of		is Corporation (See RIGL Chapter 7-1.)	l)
For foreign eatity, address and telephone number of principal office	— [Profess Limited	ional Service Corporation (See RIGL C Luability Company (See RIGL 7-16)	.napter 7-5.1)
N/A	— / communications in:	ling address of contact person to whom by be directed.	,
		Manocchio, M.D. erson Blvd.	
Phone. ()	<u>Warwick</u>	R.I. 02888	
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 51 Jeffenson Blvd.	Brief statement of t	he character of business conducted in R of rendering medical se	Rhode Island:
Warwick, R.I. 02888			
		on:4 <u>/1/76</u> 4/5 //	2014
Prone: (-401) 941-4433	– Date of Qualification N/A	on to do business in Rhode Island (if fo	reign entity):
	OF THE OFFICERS ARE	-	
O chief cucument (2			zir COIX.
Anthony Manocchio 51 Jefferson BI Orienteralisacionale Discussionale Studio Carlo St	<u>vd. Warwick, —</u> RELTADDRESS	R. I. 02888	Zir COD
T CUSTODIAS DE RECORDS ON THE SECRETIANS (CICAS) (Dec.)	REET AIRBRESS	CINSTALL	ткі Уыс
Conf. (Conf.)	RILLE ADDRESS	CHARTAGE	Sh. Com
Anthony Manorchio 51 Jefferson Bl	vd. Warwick DF THE DIRECTORS AR	<u>R.I. 02888.</u> F:	
NAME	RLLL ADDRESS	CHASTALE	Zin Copt
Anthony Manocchio 51 Jefferson Bl	vd Warwick.	R. I. 02888	Zin cōai
NAME SI	RILL T ADDRÉSS	CITYGUATE	žir ÇOD.
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHAR	ES ISSUED AND OUTSTANDING (I	[Applicable)
NUMBER 400	NUMBER	106	
CLASS Common	CLASS	Common	
SERUES	SERIES		
PAR VALUE OR WITHOUT PAR NPV	PAR VALUE OR WITHOUT PAR	NPV	
Date	sy & In Hasa	marrales_	
•	Anthony Manocchi		
	President Incorporatessions		 -
Form 21 1:54			
DESIGNATED REGISTERED OR I	RESIDENT AGENT FOR S	SERVICE OF PROCESS:	
PLEASE NOTE. If the Corporation has changed its registered office as	ad/or registered or resident agen	it, Form 9 or Form LLC 3 must be filed	•



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

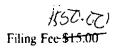
Corporate ID	6922		Annual Re	port for the year	1.993
	The name of the corporation is Anthony Manocchio, M.D., Inc.				
Second	It is incorporated under	r the laws of			
THIRD:	Character of business, br	iefly stated, is.	Owning, oper	ating and maint	aining an
	establishment in wh	ich the pra	ctice of medicine	shall be carri	ed on
Fourth	: If foreign corporation,		orincipal office		
Г ІГТН:	Business address in Rhod	e Island			
	51 Jefferson Blvd.	Warwick.	R.I. 02888		
Ѕіхтн:	Names and addresses of i	ts directors an		ess (including number, street	Attach rider if necessary), zip code)
	Anthony Manocchio	Director			
		Director	Providence,		
••••		Director		•••••	••••••••••••••••••••••••••••••
	Anthony Manocchio	President	Same	······································	
	• • • • • • • • • • • • • • • • • • • •	Vice Presid	dent		
		Secretary		••••	•••••
	AnthonyManocchio	Treasurer	Same		
Sevent	H: Number of Shares aut	thorized:			Par Value or statement that
No. of S	hares Cla	SS	Series	•	chares are without par value
400	C	ommon	-	ن	NPC
Еіднтн	Number of Shares issue	ed:		NOR 0 2 1993	Par Value or statement that
No. of S	hares Cla	.53	Series	APR 02 1993 SECY OF STA	hares are without par value
106	Comm		-		NPC
Dated	3·24 1	9 7.5	Anthony Manocch (Name of Corporation) By / Allwy	M.D. Inc.	lus his she
(F	leport must be signed by an off	īcer)	Title President		

State of Rhode Island and Providence Plantations

346R.D.

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	6922	Annual Report for the y	year 1992
First: The name of	of the corporation is	Anthony Manocchio, M.D., I	
Second: It is inco	rporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, i	$_{ m S}$ Owning, operating and mai	ntaining an
es	tablishment in which	the practice of medicine sh	all be carried on
FOURTH: If foreign	•	s principal office	
FIFTH: Business ad	***************************************		
		Marwick, R.I. 02888	
SIXTH: Names and	addresses of its directors a		(Attach rider if necessary) ther, street, zip code)
		451 Pleasant Valley.	· · · · · · · · · · · · · · · · · · ·
**************************************	Director	Providence, R.I.	
	Director		
Anthony Manor	chio President	Same	
	Vice Pres	sident	
	Secretary	C	
Anthony Mano	Treasure:	r Same	
SEVENTH: Numbe	r of Shares authorized:	Series	Par Value or statement that shares are without par value
400	Common	PAID	NPC
	of Shares issued:	MAY 1 2 1992	Par Value or statement that
No. of Shares	Class	SEC'Y SOF STATE	shares are without par value
106	Common	-	NPC
Dated hay	<u> </u>	Anthony Manocchio, M.D., (Name of Corporation) By Ullyry Illury	at .
(Report must be	signed by an officer)	Title President	



State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6922	***************	Annual Report fo	r the year1991
FIRST: The name of the corpo			nc.
Second: It is incorporated un			
THIRD: Character of business	, briefly stated, is	Owning, operating and	maintainingan
establishment in wh	ich the practic	ce.of.medicine.shallb	e-carried on
	-		
FIFTH: Business address in Rh	node Island		
386 Atwells Avenu	ue Provider	nce. R.I. 02909-107	² 5
SIXTH: Names and addresses Name	of its directors and		(Attach rider if necessary) ting number, street, zip code)
Anthony Manocchio	Director	451 Pleasant Val	ley Pkway
	Director	Providence, R.I.	
	Director		
Anthony Manocchio	Fresident	Same	
	Vice Preside	ent	
	Secretary		
Anthony Manocchio	Treasurer	Same	
SEVENTH: Number of Shares	authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series "Co	par value
400 Con	nmon	Series Series	NPC
EIGHTH: Number of Shares is		02 Bo.	Par Value or statement that
No of Shares	Class	Series	shares are without par value
106 Com	nmon	- . \frac{-}{\frac{1}{N}}	NPC
Dated March 1		Anthony Manocchio, M	.D.,Inc
1	1	By Only ha	h mo In
(Report must be signed by an	_	Titleresident	
En. a. 94 1795			

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

Cco	
000	

90

Corporate ID.	6922	· ·	Annual Report for the	: year19
-			ANTHONY MANOCCHIO	r magax inga
Second:			Shod	
Third:	Character of busine	ss, briefly stated, is	Owning, operating as	nd maintaining
an est	ablishment in	which the pr	actice of medicine sh	hall be carried on.
Fourth	-		rincipal office	
Г ігтн:	Business address in	Rhode Island		
386	Atwells Aven	le Provide	nce, R.I. 02909	
Ѕіхтн:	Names and address	es of its directors and	d officers: Address (including n	(Attach rider if necessary) umber, street, zip code)
Anthony	Manocchio	Director	451 Pleasant Val	ley Pkway
		Director	Providence, R.I.	
	•••••			
,	Manocch1o		Same	
	***************************************	Vice Presid	lent	
	*****	Secretary		
Anthony	Manocchio	Treasurer	Same	
Seventi	H: Number of Shar	es authorized:		Par Value or statement that shares are without
No. of SI	hares	Class	Series	par value
400	, 1	Common	_ PA:	D NPC
Еіднтн	: Number of Share	s issued:	FEB 2 to	1990 Par Value or statement that
No. of S		Class	SEC"Y. OF	-
106		Common	-	NPC
Dated	7eb 22	19 .70.	Anthony Manocchio, M	
(1)	Report must be signed by	y an officer)	By RESIDENT	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

orporate ID수	्र । १५ १५ जिल्हा	,	Annual Report	for the year	*******************************
FIRST: The name	of the corporation is		QUAAN YAQHIMA	chice M	C.z. LNC
	orporated under the lav				
THIRD: Character	r of business, briefly sta	ted, is Owr	ing, operation	ngando	aintaining
an establish	ment in which th	he practi	ce of medicia	ne shall	be carried on
	gn corporation, address	of its princip		······································	
	ddress in Rhode Island				
235 Plain	Street Pr	ovidence,	R.I. 02905		
SIXTH: Names an	nd addresses of its direct	tors and offic	ers: Address (in	cluding number, s	(Attach rider if necessary
Anthony Manocc	h10 Dire	ector	451 Pleasant	Valley	Pkway
	Dire	ector	Providence,	R.I.	
	Dire	ector		•••••	
	hio Pres	sident	Same		•••••
	Vice	e President			
	•	retary			
Anthony Manocc	•	asurer	Same		
	er of Shares authorized				Par Value or statement that shares are without
No. of Shares	Class		Series		par value
400	Common		-		NPC
Еіднтн: Numbe	r of Shares issued:			1 1700	Pur Value or statement that shares are without
No. of Shares	Class		Series		par value
106	Common		-		∩ NPC
Pated	19		hony Manocchi of Corporation)	ol, M.D.	Inc.
(Report must	be signed by an officer)	By.\ Title.	PRESIDE	er -	<i>λ</i> Λ <i>ΔΟ</i>

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

Corporate ID	999 **********************************	Annual Report fo	or the year	ૂ, પ્રસંસ
First: The name	FIRST: The name of the corporation is		HIDA MACAR INCA	
J. <u></u> -			hode Island	
			g and maintaining	
an establish	ment in which the	practice of medicin	e shall be carried	on.
FOURTH: If foreig	gn corporation, address of it	s principal office		
FIFTH: Business a	address in Rhode Island			
235 Plain	Street Provi	dence, R.I. 02905		
SIXTH: Names as	nd addresses of its directors a		(Attach rider if nece uding number, street, zip code)	ssary)
Anthony Manocc	h1o Director	451 Pleasant	Valley Pkway	•••••
	Director	Providence, F	l.I.	•
	Director			
Anthony Manoec	hio Presiden	t Same		
	Vice Pre	esident		*****
	Secretar	y		
Anthony Manocc	hio Treasure	er Same		****
SEVENTH: Numb	per of Shares authorized:		Par Value or statement that shares are without	
No. of Shares	Class	PAID	par values	QC
400	Common	JAN 20 1044	NPC	ry P
Eighth: Numbe	er of Shares issued:	SEC'Y OF STANK	Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
106	Common	-	NPC	
Dated/	19	(Name of Corporation)	o, M.D., Inc.	
		By Clthing U	Cauorlus T	******
(Report must	be signed by an officer)	Title	65116NT	****

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

Corporate ID. 6922		Annual Report for the y	car 1987		
First: The name of	ST: The name of the corporation is ANTHONY MANOCCHIO, M.C., INC.				
_		Rhode Island Owning, operating an			
an establishme	nt in which the pr	ractice of medicine sha	all be carried on.		
_	•	rincipal office			
FIFTH: Business add	ress in Rhode Island				
875 Oaklawn	Avenue Crans	ston, R.I. 02920	······		
SIXTH: Names and a	addresses of its directors and	1 officers: Address (including num	(Attach rider if necessary) ber, street, zip code)		
Anthony Manocchi	.o. Director	451 Pleasant Valle	y Pkway		
	Director	Providence, R.I.			
	Director				
Anthony Manocchi	O President	Same			
	Vice Preside	ent			
	Secretary				
Anthony Manocchi	O Treasurer	Same			
	of Shares authorized:		Par Value or statement that shares are without		
No. of Shares	Class	Series	par value		
400	Common	- PAID	NPC		
Eighth: Number of	Shares issued:	JAN 27 1987	Par Value or statement that		
No. of Shares	Class	SEC'Y. OF STATE			
106	Common	-	NPC		
Dated /- J>	19 87	Anthony Manocchio, M. (Name of Corporation)	D., Inc.		
(Report must be signal 1/85		By Prosident Title MUU-MA	when M. Inc		

Ė

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

Corporate ID 6922	••••••	Annual Report for	the year 1986
FIRST: The name of the corp	oration isANTHO	NY MANOCCHIO, M.C.,	INC.
Second: It is incorporated u	nder the laws of	Rhode Island	······
THIRD: Character of business	s, briefly stated, is	wning, operating	and maintaining
an establishment in	which the pra	ctice of medicine	e shall be carried on
875 Oaklawn A	venue Cran	ston, R.I. 02920	······································
SIXTH: Names and addresses	of its directors and of		(Attach rider if necessary) ng number, street, zip code)
Anthony Manocchio	Director	451 Pleasant Va	lley Pkway
	Director	Providence, R.J	- ^&
	Director		
Anthony Manocchio	President	Same	
	Vice President		
Anthony Manocchio	Treasurer	Same	
SEVENTH: Number of Shares	authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
400 Cor	mmon PAIC	מאפו צון נומוז	N PC Par Value
	Class SEC'Y. OF S	XI	or statement that shares are without par value
106 Cor	nmon	-	NPC
Dated 7		nthony Manocchio, ne of Corporation) (I Manj ha	M.D., Inc.
(Report must be signed by an	officer) Title	President	

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

Corporate ID 6922	***************************************	Annual Report fo	or the year 1985
FIRST: The name o	f the corporation is ANTHONY.	MANOCCHIO, M.D., I	NC.
	porated under the laws of		
THIRD: Character of	of business, briefly stated, is	UNING, CPET	PATING- HND
MAINITHINI	NG- AN ESTABL	15HN1=NT1	N WHICH 7715
PAHITICE FOURTH: If foreign	CFMEDICINE corporation, address of its prince	ipal office	CARAICD CA
	***************************************	N/4	(,
FIFTH: Business add	dress in Rhode Island		
	275 OAKLAIUN	AUE. CAA	NSTON, R.1.02920
Name	addresses of its directors and off		(Attach rider if necessary) ding number, street, zip code)
ANTHONY MY	ANOUGHIO Director	451 PLETIS	ANT VALLEY PKWAY
	Director	PACIOENC	E, 19.1.
	Director		······································
AHTHON 17	ANO COHIC President	GAIYE	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vice President	***************************************	
>+++++++++++++++++++++++++++++++++++++	Secretary	***************************************	***************************************
ANTHONY M	ANCECHIC Treasurer	91145	
SEVENTH: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class C	Series	shares are without par value
400	Co MIYEN 3411/85	 -	NPC
Eighth: Number of	of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	per value
116	CENMON BER	 	NPC
Dated	19 67 19 61 18 18 18 18 18 18 18 18 18 18 18 18 18	HONY MANOC OCCOOTATION)	refie, MD, ide. Mjumbhio
(Report must be	signed by an officer) Title	PREZ	
form 31 1/85	,	- ,	

Filing fee: \$15.00

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

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

	Annual Report for the y	year 1984
FIRST: The name of the corporation	n is	
Anthony Manocchio, M.D., Inc. C	05-0368259	
SECOND: It is incorporated under t	the laws of Rhode Is	land
THIRD: Character of business, briefl	ly stated, is Owning, o	perating and
maintaining an establishment in shall be carried on. FOURTH: If foreign corporation, a		
FIFTH: Business address in Rhode		will be mailed to this
_	· -	
address) 875 Oaklawn Avenue 0		
SIXTH: Names and addresses of its (Addresses must include street		:
Name Office	Ac	ddress
Anthony Manocchio Director	451 Pleasant Providence, R	Valley Pkway
Director		
Director		
Anthony Manocchio President	Same	
Vice Pres	ident	
Secretary		
Anthony Manocchio Treasurer (If additional space is needed, attach rider)	Same	
SEVENTH: Number of Shares auth	norized:	Par Value or statement that
No. of Shares Class	Series	shares are without par value
400 Common	-	NPC
Eighth: Number of Shares issued	i:	Par Value or statement that shares are without
No. of Shares Class 106 Common	Series	par value NPC
/ 2 / / /	_	MFC
Dated College Rule relieve 1967 84	Anthony Manocc (Name of Corporation)	hio, M.D., Inc.
OEC 14 98ª	By Ce Fly Lin	And the Suc
OEL "NY	Title President	
71		

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

FORM 31 11-62

Filing fee: \$15.00

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

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

				Annual Report for the year 1983
	FIRST:	The name of th	e corporatio	ı is
*		,	ANTHONY	MANOCCHIO, M.D., INC.
	SECOND:	It is incorpor	ated under	he laws of State, of Rhode Island
	THIRD: an estab pursuant General	Character of bu lishment in wh to the profes Laws of the St	siness, brief ich the pra sional serv ate of Rhod	y stated, is owning, operating and maintaining tice of medicine shall be carried on, ce corporation statutes of the
				was a second
	FIFTH:	Business addre	ess in Rhode	Island (blank reports will be mailed to this
dd	ress)	265 Atw	ells Avenu	e, Providence, Rhode Island
	SIXTH:	Names and ad	dresses of it	s directors and officers:
		(Addresses mus	t include stree	and number, if any)
	:	Name	Office	Address
	Anthon	y Manocchio	Director	875 Oaklawn Avenue, Cranston, R.I.
			Director	
			Director	
Αı	ithony M	anocchio	President	875 Oaklawn Avenue, Cranston, R.I.
			Vice Pre	sident
Aı	nthony M	anocchio	Secretar	875 Oaklawn Avenue, Cranston, R.I.
(I	f additional	space is needed, a	Treasure	
	SEVENTE	i: Number of	Shares aut	or statement that
	Na. of Sh	ATCS	Class	shares are without Series pur value
	400		common	no par value
	EIGHTH	: Number of	Shares issue	d: Pur Vulue or statement that shares are without par value
			•	7
	106	c	:ommon	no par value
Da	ted:	JUL 6 1093	1983	ANTHONY MANOCCHIO, M.D., INC. (Name of Corporation) (Name of Corpo

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Ai	nnual Report for the year 1982
First: The name of the corporation is ANTHONY MANOCCHIO, M.D.	D., INC.
SECOND: It is incorporated under the l	laws of Rhode Island
THIRD: Character of business, briefly st	
FOURTH: If foreign corporation, addr	
FIFTH: Business address in Rhode Island address) 825 Oaklawn Avenue, Cra	
SIXTH: Names and addresses of its di (Addresses must include street and	
Name Office	Address
Anthony Manocchio Director	451 Pleasant Valley Parkway, Prov., RI
Director	
Director	
Anthony Manocchio President	451 Pleasant Valley Parkway, Prov., RI
Vice Presiden	nt
Anthony Manaconio Secretary	451 Fleesant Valley Parkway, Prov.,RI
Anthony Manocchio Treasurer (If additional space is needed, attach rider)	451 Pleasant Valley Parkway, Prov., R
SEVENTH: Number of Shares authorize	zed: Par Value or statement that shares are without
No. of Shares Class 400 Common	Series par value No Par Value
EIGHTH: Number of Shares issued:	Par Value or statement that shares are without
No. of Shares Class 400 Common	Series par value No Par Value
/	3 MAR 21 1982
Dated: \ 2/35 19 83	ANTHONY MANOCCHIO, M.D., INC. (Name of Corporation 1)
	By Author Maushur Title President
ſ	(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 Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

 $\mathbf{0F}$

	ANTHO	NY MANOCCHIO,	M.D.	, INC.				
Pursuar amended, the	it to the prov	isions of Section corporation here	7.1.1-	118 of the	General :	 Laws, 1956 annual rep	, as ort:	
FIRST:		the corporation is ANTHONY MANCO			,			
SECOND	: It is incorp	orated under the	laws	of Rhode	Island			
· THIRD:	The address	of its registered off	ice in l	Rhode Island	lis	e e		
	825 Oaklas	vn Avenue, Cra	nstor	n, Rhode I	[sland			
and the name		ed agent in Rhode ny Manocchio						
Fourth	: If a foreig	n corporation, the	addre	ss of its prin	cipal offic	e in the stat	e or	
	_	hich it is incorpora		=	_			
Fifth:	The characte	er of the business	in wh	nich it is ac	tually eng	gaged in Rh	ıode	
Island, briefl		Medical pra						
							-	
	The names a	nd respective addr	esses o	f its directo	rs and off			
inthony Mar	nocchio	Director	451	Pleasant	Valley	Parkway,	Prov.,	RI
		Director						
		Director						
		Director				•		
		Director	••				-	
		Director						
Inthony Mar	recchic	President	451	Pleasant	Valley	Parkway,	Prov.,	RI
		Vice Preside	ent				-	
Inthony Mar	nocchio	Secretary	451	Pleasant	Valley	Parkway,	Prov.,	RI
Anthony Mai	nocchio	Treasurer	451	Pleasant	Valley	Parkway,	Prov.,	RI
		gate number of sha es, shares without						
					or	Value per Share Statement that	!	
Number Share	rof 5	Class		Series -	Sh:	res are without Par Value		
400		Common		a a	No	Par Value	•	
				11850:«····1	jūL	1987 7		
				$\sim \sim$				

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	or Statement that Shares are without Par Value
400	Common		No Par Value

Dated 7 /8 ,19 8/ ANTHONY MANOCCHIO, M.D., INC.

(NAME OF CORPORATION)

By

Cu ff, Jrumliv

Its President

Filing fee: \$15.00

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

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

ANNUAL REPORT

OF

ANTHONY MANOCCH	го, м.р.,	INC.	
Pursuant to the provisions of Section 7 amended, the undersigned corporation hereby FIRST: The name of the corporation is	-1.1-118 of submits the	the Gener following	ral Laws, 1956, as annual report:
	- ··········· - · · · · · · · · · · · ·	-4	
SECOND: It is incorporated under the la	ws of Rho	de Islan	<u>1d</u>
THIRD: The address of its registered off 13 Cross Street, Westerly, Rhode Is	ice in Rhode	Island is	
and the name of its registered agent in Rhode Richard C. Sisco of Lauria & Sisco,	Island at suc	h address	is
FOURTH: If a foreign corporation, the a country under the laws of which it is incorporated to the state of th	ddress of its	principal	office in the state or
FIFTH: The character of the business in which briefly stated, is medical practice			
SIXTH: The names and respective address	sses of its dir	ectors and	l officers are:
Name Office		Addre	10.5
	875 Cakini	vn Avenu	e, 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 share by classes, par value of shares, shares without pa	es which it ha r value, and s	s authorit cries, if an	y to issue, itemized y, within a class, is:
			Par Value per Share or Statement that
Number of <u>Class</u>	Series	▼ ,	Shares are without Par Value
400 no par common		# 1 23	
		المراجعة	4 4 10 B

APR 11 1380

FORM 31 50M 8-72

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 no par common

Dated February 19. , 1980

ANTHONY MANOCCHIO, M.D., INC.

I. Residen

 \mathcal{I}

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

 \mathbf{OF}

		AN	THONY MA	ANOCCHIO,	M.D., IN	C
am		undersigned co	rporation	hereby su	bmits the f	General Laws, 1956, as ollowing annual report:
•• • • •	SECOND:	It is incorpor	ated unde	r the laws	Ohne Tela	
	THIRD:	The address of i	ts register	ed office in	Rhode Islan	d is
and	l the name	of its registered	agent in R	thode Islan	d at such ad	dress is
cou		-	h it is inco	rporated is		ncipal office in the state or
Isla	FIFTH:	The character MED!	of the bus	inos in w	hich it is ac	etually engaged in Rhode
	SIXTH:			addresses (of its directe	ors and officers are:
Anthony.	MANOCCH	10	Direct	or	KLAWN AVE	NUE, CRANSTON, RI
			Direct Direct Direct	or		
Anthony	Маноссн	10	Direct Presid	or lent		
Anthony	Маноссн	10	Secret Treas	ary		
by	Seventi classes, pa	H: The aggregat r value of shares,	e number shares wi	of shares w thout par va	hich it has a ilue,andseri	uthority to issue, itemized es,ifany,withinaclass,is: Par Value per Share
	Number Shares		C <u>lass</u>	8	Series	or Statement that Shares are without Par Value
400		NO PAR COMMO	N	70		
				4318A16****]		SVIIII
Fair	87-11 VOC 18 o			5.00 5.00BL		

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

Scries

Par Value per Share or Statement that Shares are without Par Value

400

NO PAR COMMON

Dated July 31, 1979, 19

ANTHONY MARQCCHIO, M.D., INC.
INAME OF CORPORATIONS

By X CAMbany Wallaubus

Its PRESIDENT

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

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:

Anthony Manocchio

Director

Director

Director

Director

Director

Director

Director

Director

Director

Anthony Manocchio

President

Vice President

Anthony Manocchio

Secretary

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:

Treasurer

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

FED 11-77 516

FEB 11 1977

.

FIGHTH: 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	ï	Class	5 <u>c</u>	riea	or Statement that Shures are without Par Value
400		no pa	r common	-	

Dated January 20

, 19 77

Anthony Manocchio, M.D., Inc.

(NAME OF CORPORATION)

influny handules md.

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

ANT	HONY MANOCCHIO	M.D., INC.	
Pursuant to the provi amended, the undersigned of FIRST: The name of	corporation hereby s the corporation is	submits the following Manoc	ng annual report:
SECOND: It is incorpo	orated under the law	S of Rhode Is	land
THIRD: The address of 15 Cro			land
and the name of its registere			o, Inc.
FOURTH: If a foreign country under the laws of w	hich it is incorporate	ed is	
FIFTH: The characters Island, briefly stated, is		tice	
SIXTH: The names and	respective addresses		officers are:
Anthony Manocchio	Director	875 Oaklawn	Ave., Cranston, RI
	Director		and the second second
	Director		
	Director		11.1.1
	Director		
	Director		
Anthony Manocchio	President	•	
	Vice Preside	nt	•
Anthony Manocchio	Secretary Treasurer		
SEVENTH: The aggree by classes, par value of share	egate number of shares, shares without pa	res which it has auth r value, and series, i	Par Value per Share
Number of Shares	Class	Spries Spries	or Statement that Shares are without Par Value
400 n	o par common	78	
Jern 21 35M 11-77		····*09····15.00 2713A14····15.00	APR 29 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:

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

, 1978 March 15, Dated

Anthony Manocchio, M.D., Inc.

By Cultury Mancocket, MD., Juc.