



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110127		2. Name of Corporation Northern Rhode Island Internal Medicine Associates, Ltd.			
3. Street Address Principal Business Office 1376 BRONCOS HIGHWAY			City OAKLAND	State RI	Zip 02858
4. Business Phone No. 4015670300		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING QUALITY MEDICAL CARE AND SERVICES IN NORTHERN RHODE ISLAND AND TO MANAGE A FULL SERVICE INTERNAL MEDICINE PRACTICE					
8. NAMES AND ADDRESSES OF THE OFFICERS <input checked="" type="checkbox"/> (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Rajeev K. Gupta, M.D.			Vice President Name None		
Street Address 63 Windsong Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Rajeev K. Gupta, M.D.			Treasurer Name Rajeev K. Gupta, M.D.		
Street Address 63 Windsong Road			Street Address 63 Windsong Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS <input checked="" type="checkbox"/> (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rajeev K. Gupta, M.D.			Director Name None		
Street Address 63 Windsong Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED <input checked="" type="checkbox"/> (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$10.00 PAR VALUE		100	Common	\$10

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



110127 DBC 01/17/05 PM 6 PM
FILED
File Date
MAR 09 2005
Check No
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
Rajeev K. Gupta, M.D.
Print or Type Name of Officer
President
Date
2/2/05
Title of Officer
Form 630 12.01



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 3640

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 No. 110127		2. Name of Corporation Northern Rhode Island Internal Medicine Associates, Ltd.			
3. Street Address (Principal Business Office) 1376 Broncos Highway			City Oakland	State RI	Zip 02858
4. Business Phone No. (401) 567-0300		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDING QUALITY MEDICAL CARE AND SERVICES IN NORTHERN RHODE ISLAND AND TO MANAGE A FULL SERVICE INTERNAL MEDICINE PRACTICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rajeev K. Gupta, M.D.			Vice President Name None		
Street Address 63 Windsong Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Rajeev K. Gupta, M.D.			Treasurer Name Rajeev K. Gupta, M.D.		
Street Address 63 Windsong Road			Street Address 63 Windsong Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rajeev K. Gupta, M.D.			Director Name None		
Street Address 63 Windsong Road			Street Address		
City Cumberland	State RI	Zip 02864	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	Par Value	Face Value	Number of Shares	Class Series	Par Value
1,000	\$10.00 PAR VALUE		100	Common	\$10

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



* 1 1 0 1 2 7 *

File Date: 3/24/04
Check No: 1800
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: [Signature] Date: 3/1/04
Rajeev K. Gupta, M.D.
Print or Type Name of Officer: President RAJEEV GUPTA
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 SPACE

1. Corporate ID No. **110127** 2. Name of Corporation **Northern Rhode Island Internal Medicine Associates, Ltd.**
3. Street Address (Principal Business Office) **1376 Broncos Highway** City **Oakland** State **RI** Zip **02858**
4. Business Phone No. **(401) 567-0300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Contracts of Business Conducted in Rhode Island
To provide medical care and services and to manage a full service internal medicine practice.

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

President Name **Rajeev K. Gupta, M.D.** Vice President Name **None**
Street Address **63 Windsong Road** Street Address
City **Cumberland** State **RI** Zip **02864** City **Cumberland** State **RI** Zip **02864**
Secretary Name **Rajeev K. Gupta, M.D.** Treasurer Name **Rajeev K. Gupta, M.D.**
Street Address **63 Windsong Road** Street Address **63 Windsong Road**
City **Cumberland** State **RI** Zip **02864** City **Cumberland** State **RI** Zip **02864**

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

Director Name **Rajeev K. Gupta, M.D.** Director Name **None**
Street Address **63 Windsong Road** Street Address
City **Cumberland** State **RI** Zip **02864** City **Cumberland** State **RI** Zip **02864**
Director Name **None** Director Name **None**
Street Address Street Address
City State Zip City State Zip

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

NUMBER OF SHARES
Number of Shares **1,000** Class/Series **\$10.00 PAR VALUE** Par Value

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

NUMBER OF SHARES
Number of Shares **100** Class/Series **Common** Par Value **\$10**

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



File Date 1-23-03
Check No. 1592
By UP
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 [Signature] Date 1/21/03
Name of Officer **Rajeev K. Gupta, M.D.**
Title of Officer **President**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110127** 2. Name of Corporation **Northern Rhode Island Internal Medicine Associates, Ltd.**
3. Street Address Principal business Office **1376 Broncos Highway** City **Oakland** State **RI** Zip **02858**
4. Business Phone No. **(401) 567-0300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide medical care and services and to manage a full service internal medicine practice.

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

President Name **Rajeev K. Gupta, M.D.** Vice President Name **None**
Street Address **63 Windsong Road** Street Address
City **Cumberland** State **RI** Zip **02864** City State Zip

Secretary Name **Rajeev K. Gupta, M.D.** Treasurer Name **Rajeev K. Gupta, M.D.**
Street Address **63 Windsong Road** Street Address **63 Windsong Road**
City **Cumberland** State **RI** Zip **02864** City **Cumberland** State **RI** Zip **02864**

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

Director Name **Rajeev K. Gupta, M.D.** Director Name **None**
Street Address **63 Windsong Road** Street Address
City **Cumberland** State **RI** Zip **02864** 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)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000		\$10.00 PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	\$10

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



File Date 3-5-02
Check No. 1414
By [Signature]
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 2/27/02
Rajeev K. Gupta, M.D.
President
Title of Officer

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110127** 2. Name of Corporation **Northern Rhode Island Internal Medicine Associates, Ltd.**

3. Street Address: Principal Business Office City State Zip
1376 Broncos Highway Oakland RI 02858
 4. Business Phone No. State of Incorporation
(401) 567-0300 RHODE ISLAND 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide medical care and services and to manage a full service internal medicine practice.

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

President Name Rajeev K. Gupta, M.D. Street Address 63 X Windsong Road City State Zip Cumberland RI 02864	Vice President Name None Street Address City State Zip
Secretary Name Rajeev K. Gupta, M.D. Street Address 63 X Windsong Road City State Zip Cumberland RI 02864	Treasurer Name Rajeev K. Gupta, M.D. Street Address 63 X Windsong Road City State Zip Cumberland RI 02864

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

Director Name Rajeev K. Gupta, M.D. Street Address 63 X Windsong Road City State Zip Cumberland RI 02864	Director Name None Street Address City State Zip
Director Name None Street Address City State Zip 	Director Name None Street Address City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000	Common	\$10

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	\$10

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



File Date: 3/1

Check No: 1213

By: CH

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: [Signature] Date: 2/6/01

Rajeev K. Gupta, M.D.

Title of Officer: President