

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2005
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00

rung Periot: January 1 - 6 (FORM MUST BE TYPED OR PRI		mg Pec. 350.00			
1. Corporate ID No. 96429	2. Name of Corporal T.W. Tschirley				
3 Street Address Principal Business		<u>, ,</u>	City	State	Zφ
1524 Atwood	Avenue		Johnston	RI	02919
Business Phone No		5. State of Incorporation	он		6. SIC Code
273-2730		RHODE ISLAN			9217
7. Brief Description of the Chamcler TO ENGAGE IN THE PR	of Business Conducted ACTICE OF MEDIC	In Rhode Island INE AND TO PROVIDE	MEDICALSERVICES.		
B. NAMES AND ADDRESSES President Name	OF THE OFFICE	RS: ("X" BOX FOR A	TTACHMENT) [] FILL IN Vice President Name	SPACES BEFORE USIN	NG ATTACHMENTS
Terry W. Tsc	hirley, M.	D.	Terry W. T	schirley, M.1	D.
Sinci Address 91 Fowler St			Street Address		
City	State	Zip	City	State	Zip
Wickford	RI	02852	9.9		
Secretary Name	1	102032			,
•		D	•	W Washirlay	M D
Terry W. Tsc	niriey, M.	บ.	Street Address	W. <u>Tschirley</u>	μ 11
sirvet Address			SINCO AMARCOS		
Ciŋ·	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS: ("X" BOX FOR	ATTACHMENT) FILL	I IN SPACES BEFORE US	SING ATTACHMENTS
Terry W. Tsc	hirley M	n.	n/a		
Street Address	niriey, no.	D •	Street Address		<u> </u>
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City	State	Zip	City	State	Zip
Liny ,	Jan.	'	5,		<i>r</i>
Director Name	k		Director Name		
			n/a		
n/a Stroy Address			Street Address		
2WA Viriatizz			SITE THAT CO		
City	State	Zip	City	Siule	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be	signed in ink by	wither the President Vi	ce President, Secretary, Assis	tant Secretary, Treasure	r. Receiver or Trustee
1 1881			,	,	
	/				n that I have examined this n
·			including any acco	mpanying schedules and s	statements, and that all states
131-05	-		contained herein a	re une and correct.	
1 - 31 - 05 File Date		_	Jem h	1. Johnho.	MD 1/20/05
X-1/1 A			Signature of Officer	7-11	Date
Check No. 5 Wal		_	•		M D
<u>م</u>				N. Tschirley,	т
Ву:		_	Print or Type Name		
EUD CECDETADA UC. O	TATE LISE ONLY		Pres	sident	
FOR SECRETARY OF S	IVIE OPE OUT	i	- 10M		



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.2223040

Matthew A.	Brown, Secretary	of State			401,222,3040	
PROFIT CORPO	RATION AN	NUAL REPOI	RT FOR THE YEA	R20	04	
Filing Period: January 1 -		ling Fee: \$50.00				
(FORM MUST BE TYPED OR PR	INTED IN BIACK)			<u> </u>		
1. Corporate ID No.	2. Name of Corporat					
96429	T.W. Tschirle	ey, M.D., Inc.	1-	State	Zip	
3. Street Address Principal Busines 1524 Atwood Avenu			Johnston	RI	02919	
4. Business Phone No.	<u> </u>	5. State of Incorporation	on			
273-2730		RHODE ISLAN	NDON		9217	
7. Brief Description of the Charact TO ENGAGE IN THE	er of Business Conducted PRACTICE OF MEDIC	IN Rhode Island CINE AND TO PROVIDE	MEDICALSERVICES.			
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS	
President Name	Vm		Vice President Name Terry W. Tschi	≂lov M⊓		
Terry W. Tschirle	y, mu					
Street Address			Street Address	- .		
91 Fowler Street	State	Zip	91 Fowler Stre	e t	Zup	
City	1	'	: *	RI	02852	
Wickford Secretary Name	lRI	102852			.,	
same as above		<u></u>		same as above		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRESS	 ES OF THE DIRECT	ORS: <i>("X" BOX FOR</i>	: ATTACHMENT) ☐ FILL I	N SPACES BEFORE US	SING ATTACHMENTS	
Director Name		,	Director Name		•	
Terry W. Tschirle	v. MD		n/a			
Street Address			Street Address			
91 Fowler Street						
City	State	Zip	City	State	Zip	
Wickford	LRI	J02852	Director Name			
Director Name						
Street Address		 	Street Address	Street Address		
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City	State	Zip	City	State	Zip	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 6 4 2 9 *
File Date	FILED
Check No.	FEB 2 3 2004
Ву:	By 3125 Cam
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and stateme contained hesein are true and correct.	
Tw Shuly no	112/11
Signature of Officer	Date
Terry W. Tschirley, MD	
Print or Type Name of Officer President	
Title of Officer	

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

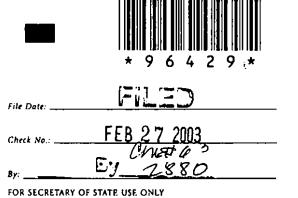
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED OR PI	RINTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpor	ation			
96429	T.W. Tschii	ley, M.D., Inc.			
3. Street Address Principal Busl	ness Office		City	State	ZIP
1524 Atwood 6. Business Phone No.		5. State of Incorporat	Johnston Hon	RI	02919 6. SIC Code
401-273-2730		RHODE ISLA	ND		9217
7. Brief Description of the Char To engage in			rsuant to the Rhode	Island General	Law.
B. NAMES AND ADDE President Name Terry W. Tsc		FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name Terry W. Tschi	ES BEFORE USING ATTA	CHMENTS
Street Address 91 Fowler St	-		Sireer Address 91 Fowler Stre	•	
Sily Wickford	State RI	21p 02852	City Wickford	State RI	zip 02852
Secretary Name same as abov	e	·	Treasurer Name same as above	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDI Director Name Terry W. Tsc		RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name n/a	CES BEFORE USING AT	TACHMENTS
Street Address 91 Fowler St	-		Street Address		
city Wickford	State RI	71p 02852	City	State	ZIP
Director Name n/a		•	Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUEI	O ("X" BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
600 COMM NO PAR V	ALUE		0-	·	

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

€> 5



	Under penalty of perjury, I declare and affi- this report, including any accompanying so		ı
•	that all statements contained herein are tru	ue and correct.	
	T.W. Subulay, mo	2/12/03	
	'Signature of Officer	Ddie \	
	Terry W. Tschirley, M.D. Print or Type Name of Officer		_
	President		
	Title of Officer	Form 630 12/02	_

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

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(FORM MUST BE TYPED IN BL	ACK)	-			
1. Corporate ID No.	2. Name of Corpora	ntion -	· • •		
96429	T.W. Tschirl	ey, M.D., Inc.			
3. Street Address Principal Business	s Office		City	State	ZIp
1524 Atwood Aver	nue		Johnston	RI	02919
4. Business Phone No.		S. State of Incorporation	วท		6. SIC Code
(401) 273-2730		RHODE ISLAN	ID .		9217
7. Brief Description of the Characte	er of Business Conducted	in Rhode Island			
To engage in pra	actice of med	icine pursuant	to Rhode Island Gen	eral Law.	
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Terry W. Tschirl	lev. M.D.		Terry W. Tsc	hirley, M.D.	
Street Address			Street Address	•	
91 Fowler Street	t		91 Fowler St	reet	
Clly	State	Zip	City	State	Zip
Wickford	RI	02852	Wickford	RI	02852
Secretary Name			Treasurer Name	•	
same as above			, same as abov	re	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	FACHMENTS
Terry W. Tschir	ley, M.D.		n/a		
Street Address	•		Street Address		
91 Fowler Street	t				
City	State	Zip	City	State	' Zip
Wickford	RI	02852			
Director Name		• •	Director Name		•
n/a		•	n/a		
Street Address			Street Address		•
City	State	Zíp	City	State	Zip
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	FACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTACHMEN	(T)
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	2.21	-02
Check No.:	. 20	27
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and	affirm that I have examined
this report, including any accompanyin	ng schedules and statements, and
that all statements contained herein ar	e true and correct.
and papelle be	Stista

40	Shuly	Ms	2/12/0	3
Signature of Officer	- <u>-</u>		Date	
Terry W T	'schirlev	. M.D.		

Tarry W Tachirley M D	
Terry W. Tschirley, M.D. Print or Type Name 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)



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1. Corporate ID No.	2. Name of Corpora	tion	•				
96429	T.W. Tach	irley, M.D., I	nc.				
3. Street Address Principal Busines	s Office		Ciry	State	Zip		
1524 Atwood Aver	nue		Johnston	RI	02919		
4. Business Phone No.		5. State of Incorporati			6. SIC Code 9217		
401-273-2730		RHODE ISLA	AND		7217		
7. Brief Description of the Charact				• -			
			to Rhode Island Ge				
8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENIS		
Terry W. Tschir	ley, M.D.		Terry W. Tschirley, M.D. Street Address				
91 Fowler Stree	t		91 Fowler Stre	et			
City	State	Zip	City	State	Zip		
Wickford	RI	02852	Wickford	RI	02852		
Secretary Name			Treasurer Name				
same as above			same as above				
Street Address			Street Address				
City	State	Z.lp	City	. State	Zip		
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS		
Terry W. Tschir	ley, M.D.		n/a Stieet Address				
91 Fowler Stree	t		•				
City	State	Zip	City	State	Zip		
Wickford	RI	02852					
Director Name			Director Name				
n/a			n/a Street Address				
Street Address			Silect Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 9 6 4 2 9 *	
File Date:	2/16	
Check No.:	2405	
Ву:	Ze:	
FOR SECRETARY	OF STATE USE ONLY	

Under penalty of perjury, I declare a	ing aitirm that I have examined
this report, including any accompan	rying schedules and statements, and
that all statements contained herein	are true and correct.
to true or	216/4
Signature of Officer	Date
Terry W. Tschirley, M.F. Print of Type Name of Officer).
President	
Title of Officer	
	C 43A 13 MA

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	CK) ·				
1. Corporate ID No. 96429	2. Name of Corporation	ley, M.D., Inc	; .		
3. Street Address Principal Business	Office		City	State	Zip
1524 Atwood Avenu 4. Business Phone No.	ie	S. State of Incorporation		RI	02919 ^{6.} 82 5%
RHODE ISLAN 401-273-2730 7. Brief Description of the Character of Business Conducted in Rhode Island			D		9217
To engage in prace 8. NAMES AND ADDRESS President Name			O Rhode Island Gen- CHMENT) FILL IN SPACES Vice President Name	eral Law. S BEFORE USING ATTA	CHMENTS
Terry W. Tschirle	ey, M.D.		Terry W. Tschi	rley, M.D.	
91 Fowler Street			91 Fowler Stre	et	
City	State	Zip	City	State	Zip
Wickford Secretary Name	RI	02852	Wickford Treasurer Name	RI	02852
Same as above Street Address			Same as above Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SES OF THE DIREC	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	CES BEFORE USING AT	ACHMENTS
Terry W. Tschirle	ey, M.D.		n/a Street Address		
91 Fowler Street	State	Zip	City	State	Zip
Wickford	RI	02852	Director Name		
n/a Street Address	₽ W		n/a Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	I T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
600 COMM NO PAR	VALUE		-0-		

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



File Date:	2/29/00			
Check No.: _	2/90			
By:	<u>C</u> c			
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

Terry W. Tschirley, M.D. Print or Type Name of Officer

President

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

STOP
PLEASE READ DISSERUCTIONS

Size Address Principal Business Office Size of Incorporation RI 0291 Resiness Phone No Business Phone No Size of Incorporation RHODE ISLAND PROBLEM Size of Incorporation RHODE ISLAND RHOLE ISLAND RHODE ISLAND RHODE ISLAND RHODE ISLAND RHOTE Address RHODE ISLAND RHODE ISLAND RHOTE ISLAND RHOTE Address RHODE ISLAND RHOTE Address RHODE ISLAND RHOTE Address RHODE ISLAND RHOTE Address RHODE ISLAND RHOTE Address RHOTE ADDRESS RHOTE ATTACHMENT RHOTE Address RHOTE ADDRESS RHOTE ATTACHMENT RHOTE ADDRESS RHOTE ATTACHMENT RHOTE ADDRE	IUST BE TYP <mark>ED IN BL</mark> ACK)	-						
1524 Atwood Avenue Sustain Street Manager Street State of Incorporation RI O291		2. Name of Corporation T.W. Tschirley,	, M.D., Inc.					
### AUDIC SLAND ### Ober State ### Out 273-2730 ### Ober State ### Out 273-2730	-			•				^{Zip} 02919
To engage in practice of medicine & provide medical services, and any other related law. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS by State State Vice President Name Terry W. Tschirley, M.D. Terry W. Tschirley, M.D. Street Address 91 Fowler Street Wickford RI 02852 Wickford RI 028 Wickford RI 028 Wickford RI 028 91 Fowler Street 91 Fowler Street Wickford RI 028 State State State Address 91 Fowler Street Wickford RI 028 State State State Address 91 Fowler Street Wickford RI 028 State State Wickford RI 028 State State State Address State State Wickford RI 028 State Wick				•				6. SIC Code 9217
NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)". FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Terry W. Tschirley, M.D. Street Address 91 Fowler Street 19 Fowler Street 19 Wickford RI 02852 Wickford RI 028 Terry W. Tschirley, M.D. Street Address 91 Fowler Street 10 Carry Name Terry W. Tschirley, M.D. Street Address 91 Fowler Street 10 Carry State 11 O28 Wickford RI 02852 Wickford RI 028 NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)", FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Terry W. Tschirley, M.D. N/A Street Address Director Name N/A Street Address Director Name N/A Street Address N/A Street Address Director Name N/A Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) VINICOLED SHARES Number of Shares Class/Series Par Value ROM COMM NO PAR VALUE	escription of the Character of	Business Conducted in Rho	nde Island					· -
Street Address 91 Fowler Street 91 Fowler Street Wickford RI 02852 Wickford RI 028 Terry W. Tschirley, M.D. Terry W. Tschirley, M.D. Street Address 91 Fowler Street Terry W. Tschirley, M.D. Street Address 91 Fowler Street State State Street Address 91 Fowler Street State State State Street Address Wickford RI 02852 Wickford RI 028 NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)", FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Terry W. Tschirley, M.D. N/A Street Address 91 Fowler Street State S	IES AND ADDRESSES	ice of medicing of the officer	ne & provide med RS ("x" BOX FOR ATTACH!	MENT) • FILL IN SPA	s, and	any other ORE USING AT	relat TACHM	ed lawful NTS busine
Wickford RI 02852 Wickford RI 028 Treasurer Name Terry W. Tschirley, M.D. Terry W. Tschirley, M.		ley, M.D.			Tschi <u>r</u>	ley, M.D		
Wickford RI 02852 Wickford RI 02862 Terry W. Tschirley, M.D. Terry W. Tschirley, M.D. Steet Address 91 Fowler Street Wickford RI 02852 Wickford RI 0285 NAMES AND ADDRESSES OF THE DIRECTORS ("x" BOX FOR ATTACHMENT)", FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Terry W. Tschirley, M.D. N/A Terry W. Tschirley, M.D. N/A Street Address 91 Fowler Street (ty State Zip City State Zip Wickford RI 02852 Wickford RI 02852 Wickford RI 02852 Director Name N/A N/A Street Address 10 Director Name N/A Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) UTHORIZED SHARES Lumber of Shares Class/Series Par Value ROW COMM NO PAR VALUE	Fowler Stree	t		91 Fowler	Stree	:t		
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Wickford RI 02852 Wickford RI 02852 NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Terry W. Tschirley, M.D. N/A Street Address 91 Fowler Street Wickford RI 02852 Wickford RI 02852 Director Name N/A N/A N/A N/A Street Address Oirector Name N/A Street Address Oirector Name N/A Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUTHORIZED SHARES Number of Shares Class/Series Par Value ROO COMM NO PAR VALUE	Fowler Stree	t		· 91 Fowler	Stree	et		
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Street Address 91 Fowler Street 91 Fowler Street Wickford RI 02852 Wickford RI 02852 Director Name N/A Street Address Street Address Director Name N/A Street Address Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES SUED SHARES SUED SHARES Number of Shares Class/Series Par Value ROG COMM NO PAR VALUE	AES AND ADDRESSE		ORS ("X" BOX FOR ATTAC		SPACES BI	EFORE USING	ATTAČHI	MENTS
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Wickford RI 02852 Director Name N/A Street Address OLITY State Zip City State Zip City State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) OUTHORIZED SHARES Sumber of Shares Class/Series Par Value ROO COMM NO PAR VALUE	Fowler Stree	t		·				
Director Name N/A N/A Street Address Oty State Zip Oty State Zip Oty State Zip II. SHARES ISSUED (*X* BOX FOR ATTACHMENT) SUITHORIZED SHARES SUITHORIZE		State	Zip	City		State		Zip
Street Address O. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) OUTHORIZED SHARES Jumber of Shares Class/Series Par Value Street Address City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value ROO COMM NO PAR VALUE		RI	.02852	Director Name	··· ·· ·· ·		· · · • · · · · • · • · · · • · · · · • ·	i
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value ROO COMM NO PAR VALUE		··· J		•	-			
NUTHORIZED SHARES Number of Shares Class/Series Par Value ROO COMM NO PAR VALUE		State	· Zip	• City -		State		Zip
Sumber of Shares Class/Series Par Value Number of Shares Class/Series Par Value		(*X* BOX FOR ATTACH	(MENT)		UED (ȚX B	OX FOR ATTACH	MENT) '	¦ ••
600 COMM NO PAR VALUE		 Class/Series	Par Value	_		Class/Series		Par Value
800 COMM NO PAR VALUE , 1 N/A				1		•		
	COMM NO PAR V	YLUE		N/A		·		
	_			:				:
his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receive	e e e e e e e e e e e e e e e e e e e		the President Vice P	resident Secretar	v Accietar	at Secretary Ti	reasurer	Receiver or Ti
nis report must be signed in ink by either the President, vice President, Secretary, Assistant Secretary, Treasurer, Receive	port must be signed	in ink by either	the President, vice P	restuent, secretary	y, Assistal	it secretary, II	i casul Cl	, Receivel of I
s canno igua acua biolg (1919-191) (52)	1 (88) = 15		IERI					

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File Date:	µb 23,99
Check No.:	1961
By:	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.

92-Ex () - 2.

Signature of Officer Do

Terry W. Tschirley, M.D.
Print or Type Name of Officer

President

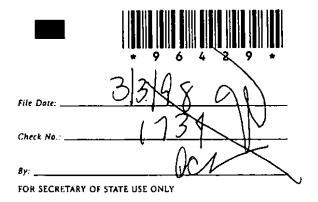


James R. Langevin, Secretary of State Corporations Division 100 North Main Street; Providence, RI 02903-1335

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

FORM MUST BE TYPED IN BLAC	K)					
l. Corporate ID No.	2. Name o	Carporation •	•			
96429	T.W. 3	Tschirley, N	fi.D., inc.			
3. Street Address Principal Business O		•	·	City	State	Zip
1524 Atwood Avenue	2			Johnston	RI	02919
1. Business Phone No.			5. State of Incorporation			6. SIC Code
401-273-2730 7. Brief Description of the Character of						9217
To engage in pract B. NAMES AND ADDRESS President Name				(ENT) Vice President Name		related lawful busine
Terry W. Tschirley	y, M.D.			Terry W. Tschirle	ey, M.D.	
Street Address			•	Street Address		
91 Fowler Street				91 Fowler Street	•	
City	State		Zip	City	State	Zip 01051
Wickford		RI	02852	Wickford	RI	02852
Secretary Name Terry W. Tschirley	, MD			Terry W. Tschirle	ev. M.D.	
	y, M.D.			Street Address	- J , L	
Street Address 91 Fowler Street				91 Fowler Street		
City	State		Zip	City	State	Zip
Wickford		RI	02852	Wickford	RI	02852
9. NAMES AND ADDRESS Director Name	ES OF TH	E DIRECTO	RS ("X" BOX FOR ATTAC	HMENT) Director Name		
Terry W. Tschirle	y, M.D.			n/a Street Address		
91 Fowler Street	•					
City	State		Zip	City	State	Zip
Wickford Director Name		RI	02852	Director Name	-	••
n/a				n/a		
Street Address				Street Address		
City	State		Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX .	FOR ATTACHMI	ENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHM	iENT)
Number of Shares	Class/Seri	es	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR \	/ALUE			-0-		

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

Terry W. Tschirley, M.D. Print or Type Name of Officer

President