



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. 96429		2. Name of Corporation T.W. Tschirley, M.D., Inc.			
3. Street Address Principal Business Office 1524 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No 273-2730		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF MEDICINE AND TO PROVIDE MEDICAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Terry W. Tschirley, M.D.			Vice President Name Terry W. Tschirley, M.D.		
Street Address 91 Fowler Street			Street Address		
City Wickford	State RI	Zip 02852	City	State	Zip
Secretary Name Terry W. Tschirley, M.D.			Treasurer Name Terry W. Tschirley, M.D.		
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 Terry W. Tschirley, M.D.			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name n/a			Director Name n/a		
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
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	1-31-05
Check No.	5462
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
Terry W. Tschirley, M.D.
Print or Type Name of Officer
President
Title of Officer
Date 1/30/05



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. 96429		2. Name of Corporation T.W. Tschirley, M.D., Inc.			
3. Street Address Principal Business Office 1524 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 273-2730		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF MEDICINE AND TO PROVIDE MEDICAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Terry W. Tschirley, MD			Vice President Name Terry W. Tschirley, MD		
Street Address 91 Fowler Street			Street Address 91 Fowler Street		
City Wickford	State RI	Zip 02852	City Wickford	State RI	Zip 02852
Secretary Name same as above			Treasurer Name same as above		
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 Terry W. Tschirley, MD			Director Name n/a		
Street Address 91 Fowler Street			Street Address		
City Wickford	State RI	Zip 02852	City	State	Zip
Director Name n/a			Director Name n/a		
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
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



* 9 6 4 2 9 *

FILED

File Date **FEB 23 2004**

Check No. **By 3125 GMA**

By: **3125 GMA**

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.

TW Tschirley **11/31/04**
Signature of Officer Date

Terry W. Tschirley, MD

Print or Type Name of Officer
President

Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

96429

T.W. Tschirley, M.D., Inc.

3. Street Address Principal Business Office

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-273-2730

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

To engage in the practice of medicine pursuant to the Rhode Island General Law.

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

President Name

Terry W. Tschirley, M.D.

Vice President Name

Terry W. Tschirley, M.D.

Street Address

91 Fowler Street

Street Address

91 Fowler Street

City

Wickford

State

RI

Zip

02852

City

Wickford

State

RI

Zip

02852

Secretary Name

same as above

Treasurer Name

same as above

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Terry W. Tschirley, M.D.

Director Name

n/a

Street Address

91 Fowler Street

Street Address

City

Wickford

State

RI

Zip

02852

City

State

Zip

Director Name

n/a

Director Name

n/a

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

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

-0-

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 27 2003

By: EJ 2880

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.

T.W. Tschirley, MD 2/12/03
Signature of Officer Date

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

President
Title of Officer

5



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

96429

T.W. Tschirley, M.D., Inc.

3. Street Address Principal Business Office

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

(401) 273-2730

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

To engage in practice of medicine pursuant to Rhode Island General Law.

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

President Name

Terry W. Tschirley, M.D.

Vice President Name

Terry W. Tschirley, M.D.

Street Address

91 Fowler Street

Street Address

91 Fowler Street

City

Wickford

State

RI

Zip

02852

City

Wickford

State

RI

Zip

02852

Secretary Name

same as above

Treasurer Name

same as above

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Terry W. Tschirley, M.D.

Director Name

n/a

Street Address

91 Fowler Street

Street Address

City

Wickford

State

RI

Zip

02852

City

State

Zip

Director Name

n/a

Director Name

n/a

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

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

-0-

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: 2-21-02

Check No.: 2628

By: TW Tschirley

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.

TW Tschirley 2/12/02
Signature of Officer Date

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

President
Title of Officer

5

Form 630 12/01



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



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. **96429** 2. Name of Corporation **T.W. Tschirley, M.D., Inc.**
3. Street Address Principal Business Office City State Zip
1524 Atwood Avenue Johnston RI 02919
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-273-2730 RHODE ISLAND 9217

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

To engage in practice of medicine pursuant to Rhode Island General Law.

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

President Name	Vice President Name
Terry W. Tschirley, M.D.	Terry W. Tschirley, M.D.
Street Address	Street Address
91 Fowler Street	91 Fowler Street
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 Zip	City State Zip

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

Director Name	Director Name
Terry W. Tschirley, M.D.	n/a
Street Address	Street Address
91 Fowler Street	
City State Zip	City State Zip
Wickford RI 02852	
Director Name	Director Name
n/a	n/a
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

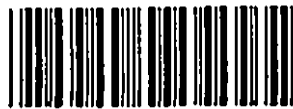
Number of Shares	Class/Series	Par Value
600	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
-0-		

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

By: 2c

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.

T.W. Tschirley 2/16
Signature of Officer Date

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

President
Title of Officer



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

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 BLACK)

1. Corporate ID No. 96429 2. Name of Corporation T.W. Tschirley, M.D., Inc.

3. Street Address Principal Business Office

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-273-2730

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9217

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

To engage in practice of medicine pursuant to Rhode Island General Law.

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

President Name

Terry W. Tschirley, M.D.

Street Address

91 Fowler Street

City

State

Zip

Wickford

RI

02852

Secretary Name

Same as above

Street Address

City

State

Zip

Vice President Name

Terry W. Tschirley, M.D.

Street Address

91 Fowler Street

City

State

Zip

Wickford

RI

02852

Treasurer Name

Same as above

Street Address

City

State

Zip

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

Director Name

Terry W. Tschirley, M.D.

Street Address

91 Fowler Street

City

State

Zip

Wickford

RI

02852

Director Name

n/a

Street Address

City

State

Zip

Director Name

n/a

Street Address

City

State

Zip

Director Name

n/a

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

-0-

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: 2/29/00

Check No.: 2190

By: cc

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.

Terry W. Tschirley, M.D. 2.25.00
Signature of Officer Date

Terry W. Tschirley, M.D.

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 98429		2. Name of Corporation T.W. Tschirley, M.D., Inc.	
3. Street Address Principal Business Office 1524 Atwood Avenue		City Johnston	State RI
		Zip 02919	
4. Business Phone No. 401-273-2730		5. State of Incorporation RHODE ISLAND	
6. SIC Code 9217			
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in practice of medicine & provide medical services, and any other related lawful business.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Terry W. Tschirley, M.D.		Vice President Name Terry W. Tschirley, M.D.	
Street Address 91 Fowler Street		Street Address 91 Fowler Street	
City Wickford	State RI	City Wickford	State RI
Zip 02852		Zip 02852	
Secretary Name Terry W. Tschirley, M.D.		Treasurer Name Terry W. Tschirley, M.D.	
Street Address 91 Fowler Street		Street Address 91 Fowler Street	
City Wickford	State RI	City Wickford	State RI
Zip 02852		Zip 02852	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Terry W. Tschirley, M.D.		Director Name N/A	
Street Address 91 Fowler Street		Street Address N/A	
City Wickford	State RI	City N/A	State N/A
Zip 02852		Zip N/A	
Director Name N/A		Director Name N/A	
Street Address N/A		Street Address N/A	
City N/A	State N/A	City N/A	State N/A
Zip N/A		Zip N/A	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
800 COMM NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
N/A			

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



File Date: Feb 23, 1999
Check No.: 1961
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] 2.15.99
Signature of Officer Date
Terry W. Tschirley, M.D.
Print or Type Name of Officer
President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98429** 2. Name of Corporation **T.W. Tschirley, M.D., Inc.**

3. Street Address Principal Business Office **1524 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **401-273-2730** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in practice of medicine & provide medical services, and any other related lawful business

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

President Name Terry W. Tschirley, M.D.	Vice President Name Terry W. Tschirley, M.D.
Street Address 91 Fowler Street	Street Address 91 Fowler Street
City Wickford State RI Zip 02852	City Wickford State RI Zip 02852
Secretary Name Terry W. Tschirley, M.D.	Treasurer Name Terry W. Tschirley, M.D.
Street Address 91 Fowler Street	Street Address 91 Fowler Street
City Wickford State RI Zip 02852	City Wickford State RI Zip 02852

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

Director Name Terry W. Tschirley, M.D.	Director Name n/a
Street Address 91 Fowler Street	Street Address
City Wickford State RI Zip 02852	City State Zip
Director Name n/a	Director Name n/a
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
600 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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: **3/3/98**
Check No.: **1734**
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 **2.2.98**
Print or Type Name of Officer **Terry W. Tschirley, M.D.**
Title of Officer **President**