

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

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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

2005 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) L. Corporate ID No. 2. Name of Corporation 121932 CHAMPION UROLOGY, LTD 3 Street Address Principal Business Office State City 35 Wells Street Westerly 02891 RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-596-0964 RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhode Islan TO ENGAGE IN RENDERING PROFESSIONAL MEDICAL AND SURGICAL SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Franklin F. Leddy, MD <u>Erik G. Enquist, MD</u> Street Address Street Address same as above same as above Zlo State ZIp Secretary Name .] Mary Sposato Mary Sposato Street Address Street Address <u>same as above</u> same as∷above 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Franklin F. Leddy, MD <u>Erik G. Enquist</u> Sinvi Address Street Address <u>same as above</u> same as above State City State Director Name Director Name Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 NO PAR VALUE 100 common no par val 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. File Date Signature of Officer Check No. <u>Franklin F. Leddy, MD</u> Print or Type Name of Officer

President

Title of Officer



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

•	ry 1 - March 1 • F OR PRINTED IN BLACK)				
Corporate ID No.	2. Name of Corpon	tion			
121932		UROLOGY, LTD	··- 	T.A.	Teve
Street Address Principal L	Business Office		City	State	Zip
Business Phone No.	5 WELLS STREET	5. State of Incorporation	WESTERLY	lRI	02891 6. SIC Code
	01 506 0064				
4 U Brief Description of the C	01-596-0964 Character of Business Conducted		NO		9217
TO ENGAGE IN	RENDERING PROFESSION	NAL MEDICAL AND SU	RGICAL SERVICES		
NAMES AND ADD	RESSES OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN	S SPACES BEFORE USIN	NG ATTACHMENTS
	<u>ranklin E. Le</u> c	ldy, MD			
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<u>S</u> ;	ame as above State	Zip	: City	State	Zip
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ector Name	RESSES OF THE DIREC	rors: ("X" BOX FOR	ATTACHMENT) [] FILL Director Name	IN SPACES BEFORE US	SING ATTACHMENTS
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)	State	Zip	City	State	Zip
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rector Name		J	Director Name		······································
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SHARES AUTHO	RIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	 CHMENT) []
iniber of Shares	Class/Series	Par Value	Number of Shares	Class/Sortes	Par Value
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2,000 NO PAR VAL	UE		NONE		
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This report n	nust be signed in ink by	either the President, Vi	ce President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trustee
-# * **	,	•	•	•	
			including any acc	perjury, I declare and affirm ompanying schedules and s	
Tile Date 5	7/04	_	65	ne true and correct.	
Check No. 5	9	_	Signature of Office	nklin F. Ledd	ly, MD
by:	_		Print or Type Nam		
,,		_	Pre	esident	
FOR SECRETA	RY OF STATE USE ONLY		Title of Officer		

Edward S. Inman, 111, 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 PRINTE	D IN BLACK)				
1. Corporate ID No.	2. Name of Corporat				
121932	CHAMPION	UROLOGY, LTD			
3. Street Address Principal Business O	ffice		City	State	Zip
35 Wells Street 4. Business Phone No.		S. State of Incorpora	Westerly	RI	02891 6. SIC Code
401-596-0964		RHODE ISL	AND		9217
7. Brief Description of the Character of	of Rusiness Conducted In	Rhode Island			
medical/urology 8. NAMES AND ADDRESS President Name	practice ES OF THE OFFI	CERS (*X* BOX FOR A)	ITACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
Franklin F. Ledo	iy, M.D.		Street Address		
same as above				_	
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Kathleen Hanrah	nan		Kathleen Hanra	han	
same as above			same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS (*x* box for	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES) ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	· '
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			ιœ	common	no Par Val

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

-	* 1 2 1 9 3 2 *
File Date:	15-03
Check No.:	374
By:FOR SECRETARY OF STAT	E USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and dorrect.
Frankli T. Rea 1/13/03
Signature of Officer Dute
FRANKLIN F. WEDDY MI)
Print or Type Name of Officer
PRESIDENT.

