



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

A. Rulph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law: (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 126332		2. Name of Corporation GINGER L. MANZO., M.D., Ltd.			
3. Street Address Principal Business Office 2 WAKE ROBIN ROAD			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401.475.7610		5. State of Incorporation			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GINGER L. MANZO			Vice President Name PIERRE MANZO		
Street Address 2 WAKE ROBIN ROAD			Street Address 2 WAKE ROBIN ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name PIERRE MANZO			Treasurer Name GINGER L. MANZO		
Street Address 2 WAKE ROBIN ROAD			Street Address 2 WAKE ROBIN ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			200	COMMON	0

RECEIVED
 SECRETARY OF STATE
 JAN 10 2007
 9:47 AM

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	FEB 07 2007
Check No.	
By:	By: <i>AK 215877</i>
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.

G Manzo 1/5/07
 Signature Date
 GINGER L. MANZO
 Print or Type Name
 PRESIDENT
 Title



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)

Form with sections 1-11: Corporate ID No. 126332, Name of Corporation Ginger L. Manzo, M.D., Ltd., Street Address 2 Wake Robin Road, Suite 206, City Lincoln, State RI, Zip 02865. Includes officer and director information.

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



* 1 2 6 3 3 2 *

File Date 6/17/04, Check No. 2366, By: [Signature]

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: 3/20/04, Print or Type Name of Officer: Ginger L. Manzo, President, 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 IN BLACK)

1. Corporate ID No. *126332*		2. Name of Corporation Ginger L. Manzo, M.D., Ltd.			
3. Street Address Principal Business Office 2 Regency Plaza, Suite 6			City Providence	State RI	Zip 02903
4. Business Phone No. 401 273-5605		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PROFESSIONAL PSYCHIATRIC CARE TO CHILDREN AND ADULTS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GINGER L. MANZO			Vice President Name PIERRE MANZO		
Street Address 2 Regency Plaza, Suite 6			Street Address 2 Regency Plaza, Suite 6		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name PIERRE MANZO			Treasurer Name GINGER L. MANZO		
Street Address 2 Regency Plaza, Suite 6			Street Address 2 Regency Plaza, Suite 6		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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 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
1,000 COMM NO PAR VALUE			200	common	

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



* 1 2 6 3 3 2 *

126332 DBC1/31/033:30:53 RM

File Date 2-28-03

Check No. 41160

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.

Ginger L. Manzo 2/26/03
Signature of Officer Date
Ginger L. Manzo
Print or Type Name of Officer
President
Title of Officer