



**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. <b>134434</b>		2. Name of Corporation <b>Triad Healthcare, Inc.</b>			
3. Street Address Principal Business Office <b>80 SPRING LANE</b>			City <b>PLAINVILLE</b>	State <b>CT</b>	Zip <b>06062</b>
4. Business Phone No. <b>800-550-0540</b>		5. State of Incorporation <b>CONNECTICUT</b>		6. SIC Code <b>7280</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>IPA TO INCLUDE: UTILIZATION REVIEW, CLAIMS PROCESSING AND PROVIDER NETWORK</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>AGOSTINO VILLANI, DC</b>			Vice President Name <b>N/A</b>		
Street Address <b>80 SPRING LANE</b>			Street Address		
City <b>PLAINVILLE</b>	State <b>CT</b>	Zip <b>06062</b>	City	State	Zip
Secretary Name <b>ROBERT ANTHONY, ESQ.</b>			Treasurer Name <b>AGOSTINO VILLANI, DC</b>		
Street Address <b>185 ASYLUM ST - 38TH FLOOR</b>			Street Address <b>80 SPRING LANE</b>		
City <b>HARTFORD</b>	State <b>CT</b>	Zip <b>06103</b>	City <b>PLAINVILLE</b>	State <b>CT</b>	Zip <b>06062</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>(SOLE DIRECTOR) AGOSTINO VILLANI, DC</b>			Director Name <b>N/A</b>		
Street Address <b>80 SPRING LANE</b>			Street Address		
City <b>PLAINVILLE</b>	State <b>CT</b>	Zip <b>06062</b>	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
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
<b>10,500 COMM \$0.01 PAR VALUE, 9,500 PREF \$1,000 PAR VALUE</b>			<b>100</b>	<b>common</b>	<b>\$0.01</b>
			<b>9,500</b>	<b>CLASS 'A'</b>	<b>\$1,000</b>

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



\*134434\*

File Date 1-27-05  
Check No. 4129  
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]  
Signature of Officer Date  
AGOSTINO VILLANI, DC  
Print or Type Name of Officer  
PRESIDENT / CEO  
Title of Officer



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No. 134434		2 Name of Corporation Triad Healthcare, Inc.			
3 Street Address Principal Business Office 80 SPRING LANE			City PLAINVILLE	State CT	Zip 06062
4 Business Phone No. 800-550-0540		5 State of Incorporation CONNECTICUT		6 SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island IPA TO INCLUDE: UTILIZATION REVIEW, CLAIMS PROCESSING AND PROVIDER NETWORK					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AGOSTINO A. VILLANI, DC			Vice President Name - CEO AGOSTINO A. VILLANI, DC		
Street Address 80 SPRING LANE			Street Address 80 SPRING LANE		
City PLAINVILLE	State CT	Zip 06062	City PLAINVILLE	State CT	Zip 06062
Secretary Name - CORP SECRETARY ROBERT J. ANTHONY, ESQ.			Treasurer Name AGOSTINO A. VILLANI, DC		
Street Address 185 ASYLUM ST 38TH FL			Street Address 80 SPRING LANE		
City HARTFORD	State CT	Zip 06103	City PLAINVILLE	State CT	Zip 06062
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name - (SOLE) AGOSTINO A. VILLANI, DC			Director Name N/A		
Street Address 80 SPRING LANE			Street Address		
City PLAINVILLE	State CT	Zip 06062	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
No. of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
0,500 COMM \$0.01 PAR VALUE, 9,500 PREF \$1,000 PAR VALUE			100	COMMON	\$0.01
			9,500	CLASS 'A' 1000-VOTING	\$1,000

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



\* 1 3 4 4 3 4 \*

File Date 11/14/04

Check No. 0541

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] 11/8/04  
Signature of Officer Date

AGOSTINO A. VILLANI, DC  
Print or Type Name of Officer

PRESIDENT  
Title of Officer