



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121835		2. Exact name of the limited liability company Amato Medical Associates, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire and sell medical equipment and supplies.			
5. Principal office address 5 Briar Patch Drive			City Westerly	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Amato			Contact Title .		
Street Address 5 Briar Patch Drive			City Westerly	State RI	Zip 02891
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name David Amato			Street Address 5 Briar Patch Drive		
City Westerly	State RI	Zip 02891	City .	State .	Zip .
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			Agent Name Ferrucci Russo, P.C.		
Address 55 Pine Street			Address .		
City Providence			City .		
State .			State .		
Zip 02903			Zip .		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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 3/20/06

Check No. 1747

By: SP

FOR SECRETARY OF STATE USE ONLY

David J. Amato 10/29/05
Signature of Authorized Person Date

David J. Amato
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 121835		2. Exact name of the limited liability company Amato Medical Associate, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire and sell medical equipment and supplies			
5. Principal office address 5 Briar Patch Drive		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Amato		Contact Title			
Street Address 5 Briar Patch Drive		City Westerly	State RI	Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name David Amato		Manager Name			
Street Address 5 Briar Patch Drive		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Ferrucci Russo P.C.		Address 55 Pine Street, 4th Floor			
Address		City Providence, RI	Zip 02903		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 1 8 3 5

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	9/30/04
Check No.	4580
By:	DAI
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: David J. Amato Date: 9/30/04
Print or Type Name of Authorized Person: David J. Amato



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121835		2. Exact name of the limited liability company Amato Medical Associate, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire and sell medical equipment and supplies			
5. Principal office address 5 Briar Patch Drive		City Westerly	State RI	Zip 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Amato		Contact Title			
Street Address 5 Briar Patch Drive		City Westerly	State RI	Zip 02891	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name David Amato		*Manager Name			
Street Address 5 Briar Patch Drive		*Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
*Manager Name		*Street Address			
City		State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Ferrucci Russo P.C.		Address 55 Pine Street, 4th Floor			
Address		City Providence, RI		Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 1 8 3 5

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	9/30/04
Check No.	4579
By:	AMF
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: David J. Amato Date: 9/28/04
Print or Type Name of Authorized Person: David J. Amato



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 121835		2. Exact name of the limited liability company Amato Medical Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE AND SELL MEDICAL EQUIPMENT AND SUPPLIES			
5. Principal office address 5 Briar Patch Drive			City Westerly	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Amato			Contact Title		
Street Address 5 Briar Patch Drive			City Westerly	State RI	Zip 02891
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name FERRUCCI RUSSO, P.C.			Address		
Address 49 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 2 1 8 3 5 *

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	<u>10-24-02</u>
Check No.	<u>1980</u>
By:	<u>AMF</u>
FOR SECRETARY OF STATE USE ONLY	

David Amato 10/19/02
Signature of Authorized Person Date
David Amato
Print or Type Name of Authorized Person