



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 IN BLACK)

1. Corporate ID No. 86739		2. Name of Corporation Peter T. Yasigian, M.D., Professional Corporation			
3. Street Address Principal Business Office 2 MEEHAN LANE			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4016582525		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter T. Yasigian			Vice President Name n/a		
Street Address 2 Meehan Lane			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Peter T. Yasigian			Treasurer Name Peter T. Yasigian		
Street Address 2 Meehan Lane			Street Address 2 Meehan Lane		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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			100	common	no par value

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



8 6 7 3 9

86739 DBC 01/12/05 02:24:04 PM

FILED

File Date _____

Check No. _____ 2005

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

Peter T. Yasigian

Print or Type Name of Officer

President

Title of Officer

Date

3. 80.05



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 IN BLACK)

1. Corporate ID No. 86739		2. Name of Corporation Peter T. Yasigian, M.D., Professional Corporation			
3. Street Address Principal Business Office 2 MEEHAN LANE			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 4016582525		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter T. Yasigian			Vice President Name N/A		
Street Address 47 Country Side Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Peter T. Yasigian			Treasurer Name Peter T. Yasigian		
Street Address 47 Country Side Drive			Street Address 47 Country Side Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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			100	common	No par value

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



8 6 7 3 9

86739 DBC 02/09/04 09:28:25 AM

File Date 2/3/04

Check No. 110311

By: EC

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 Peter T. Yasigian
Print or Type Name of Officer
President
Title of Officer

Date 2-25-04



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *86739*		2. Name of Corporation Peter T. Yasigian, M.D., Professional Corporation			
3. Street Address Principal Business Office 2 MEEHAN LANE		City CUMBERLAND	State RI	Zip 02864	
4. Business Phone No. 4016582525		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MEDICAL SERVICES AND ACTIVITIES RELATED THERETO.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter T. Yasigian		Vice President Name N/A			
Street Address 47 Country Side Drive		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Peter T Yasigian		Treasurer Name Peter T Yasigian			
Street Address 47 Country Side Drive		Street Address 47 Country Side Drive			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		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			100	common	no par value

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



* 8 6 7 3 9 *

86739 DBC1/27/03 12:26 PM

File Date 2-21-03

Check No. 15109

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.

Peter T. Yasigian 1-30-03
Signature of Officer Date
Peter T Yasigian, 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

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.

86739

2. Name of Corporation

Peter T. Yasigian, M.D., Professional Corporation

3. Street Address Principal Business Office

2 Meehan Lane

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

(401) 658-2525

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

To provide medical services and activities related hereto.

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

President Name

Peter T Yasigian

Vice President Name

N/A

Street Address

47 Country Side Drive

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Secretary Name

Peter T Yasigian

Treasurer Name

Peter T Yasigian

Street Address

47 Country Side Drive

Street Address

47 Country Side Drive

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

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

Director Name

N/A

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par value

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



* 8 6 7 3 9 *

File Date:

3.28.02

Check No.:

13968

By:

Dr

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

Peter T Yasigian, M.D.

Print or Type Name of Officer

President

Title of Officer

5

2/12/02

Date



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. **86739** 2. Name of Corporation **Peter T. Yasigian, M.D., Professional Corporation**
3. Street Address Principal Business Office **2 Meehan Lane** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **(401) 658-2525** 5. State of Incorporation **RHODE ISLAND** 6. Secretary **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island

Pediatric Office

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

President Name Peter T. Yasigian Street Address 47 Country Side Drive City Cumberland State RI Zip 02864	Vice President Name Street Address City State Zip
Secretary Name Peter T. Yasigian Street Address 47 Country Side Drive City Cumberland State RI Zip 02864	Treasurer Name Peter T. Yasigian Street Address 47 Country Side Drive City Cumberland State RI Zip 02864

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

Director Name N/A Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR VAL	COMM

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par value

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



* 8 6 7 3 9 *

File Date: 3/7

Check No.: 12122

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] 2-7-01
Signature of Officer Date

Peter T. Yasigian, 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. **86739** 2. Name of Corporation **Peter T. Yasigian, M.D., Professional Corporation**

3. Street Address Principal Business Office City State Zip

2 Meehan Lane City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. S. State of Incorporation **RHODE ISLAND** 5. SIC Code **9217**
(401) 658-2525

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

Pediatric office

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

President Name

Vice President Name

Peter T. Yasigian

Street Address

Street Address

City **47 Country Side Drive** State Zip

City State Zip

Cumberland RI 02864

Secretary Name

Treasurer Name

Peter T. Yasigian

Peter T. Yasigian

Street Address

Street Address

47 Country Side Drive

47 Country Side Drive

City State Zip

City State Zip

Cumberland RI 02864

Cumberland RI 02864

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

Director Name

Director Name

N/A

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)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 SHS NO PAR VAL COMM

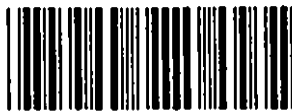
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common no Par value

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



* 8 6 7 3 9 *

File Date: _____

FILED

Check No.: _____

FEB 18 2000

By: _____

FOR SECRETARY OF STATE

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

Date

Peter T. Yasigian, 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. 86739		2. Name of Corporation Peter T. Yasigian, M.D., Professional Corporation			
3. Street Address Principal Business Office 2 Meehan Lane		City Cumberland	State RI	Zip 02864	
4. Business Phone No. (401) 658-2525		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island Pediatric Office					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter T. Yasigian			Vice President Name		
Street Address 47 Country Side Drive			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Peter T. Yasigian			Treasurer Name Peter T. Yasigian		
Street Address 47 Country Side Drive			Street Address 47 Country Side Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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 SHS NO PAR VAL COMM			100	common	no par value

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



* 8 6 7 3 9 *

File Date: _____

Check No.: _____

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

Peter T. Yasigian, M.D.

Print or Type Name of Officer

President

Title of Officer

Date

1-27-99



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. 86739		2. Name of Corporation Peter T. Yasigian, M.D., Professional Corporation	
3. Street Address Principal Business Office 106 Nate Whipple Highway		City Cumberland	State RI
4. Business Phone No. (401) 658-2525		5. State of Incorporation RHODE ISLAND	6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Pediatric Office			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Peter T. Yasigian		Vice President Name	
Street Address 47 Country Side Drive		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
Secretary Name Peter T. Yasigian		Treasurer Name Peter T. Yasigian	
Street Address 47 Country Side Drive		Street Address 47 Country Side Drive	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name N/A		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 SHS NO PAR VAL COMM		100	common
			no par value

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



* 8 6 7 3 9 *

File Date: **1/28/98**
Check No.: **771**

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: **1-20-98**

Peter T. Yasigian, 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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 86739		2. Name of Corporation Peter T. Yasigian, M.D., Professional Corporation		
3. Street Address Principal Business Office 106 Nate Whipple Highway		City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 658-2525		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Pediatric Office				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Peter T. Yasigian		Vice President Name		
Street Address		Street Address		
City Cumberland	State RI	Zip 02864	City	State
Secretary Name Peter T. Yasigian		Treasurer Name Peter T. Yasigian		
Street Address 47 Country Side Drive		Street Address 47 Country Side Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name N/A		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 SHS NO PAR VAL COMM			100	common
				no par value

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



* 8 6 7 3 9 *

File Date: **6/24/97**

Check No.: **6946**

By: **COV**

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

Date

Peter T. Yasigian, M.D.

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 86739		2. NAME OF CORPORATION Peter T. Yasigian, M.D., Professional Corporation	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 106 Nate Whipple Highway		CITY Cumberland	STATE RI
4. BUSINESS PHONE NO. (401) 658-2525		5. STATE OF INCORPORATION RHODE ISLAND	6. ZIP CODE 02864

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Pediatric Office

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Peter T. Yasigian		VICE PRESIDENT NAME None	
STREET ADDRESS 47 Country Side Drive		STREET ADDRESS	
CITY Cumberland	STATE RI	ZIP CODE 02864	
SECRETARY NAME Peter T. Yasigian		TREASURER NAME Peter T. Yasigian	
STREET ADDRESS 47 Country Side Drive		STREET ADDRESS 47 Country Side Drive	
CITY Cumberland	STATE RI	ZIP CODE 02864	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME N/A		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED		
AUTHORIZED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VAL COMM		
ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100	common	no par value

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: 2/28/96
Check No: 5377
By: HEOG / up
For Secretary of State Use Only

Signature of Officer
Peter T. Yasigian, M.D.
Print or Type Name of Officer
President
Title of Officer
Date: 2/21/96