

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January FORM MUST BE TYPED I		Filing Fee: \$50.00				
1. Corporate ID No.	2. Name of Cor	poration				
86739	Peter T. Y	asigian, M.D., Profes	sional Corporation			
3. Street Address Principal E	Business Office		City	State	Zip	
2 MEEHAN LANE			CUMBERLAND	RI	02864	
4. Business Phone No.	Susiness Phone No. 5. State of Incorporate				6. SIC Code	
4016582525 RHODE ISLANI					9217	
7. Brief Description of the C TO PROVIDE MEDICA	haracter of Business C L SERVICES AN	onducted in Rhode Island D ACTIVITIES RELAT	TED THERETO.	.	 .	
8. NAMES AND ADDR	ESSES OF THE O	FFICERS ("X" BOX FO	RATTACHMENT) FILL IN SP	ACES BEFORE USING AT	TTACHMENTS A SECOND	
President Name			Vice President Name	_		
Peter T. Yasigia Street Address	an		· n/a		<u></u>	
2 Meehan Lane			Street Address			
City	State	[?:-	*	10.		
Cumberland	RI	<i>Zip</i> 02864	City	State	Zip	
Secretary Name			Treasurer Name			
Peter T. Yasigia	an		Peter T. Yasigi	an		
Street Address		·	* Sircel Address			
2 Meehan Lane			.2 Meehan Lane			
Ciry	State	Zîp	*Ciry	State	Ζιρ	
Cumberland	RI	02864	.Cumberland	RI	02864	
9. NAMES AND ADDR	ESSES OF THE D	RECTORS ("X" BOX E	OR ATTACHMENT) FILL IN			
Director Name			Director Name	SINCIA DEFORE CSING	ATTACHULE TO L	
N/A			•			
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City	State	Zip	·Ciry	State	Zip	
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Director Name	• • • • • • • •	• • • • • • • • • • • • •	Director Name			
Sireei Address		···-	Street Address			
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City	State	Zip	.City	State	Zip	
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10. SHARES AUTHOR	IZED ("X" BOX FO	RATTACHMENT) [11. SHARES ISSUED (*)	", BOX FOR ATTACHMEN	カロー・エー	
AUTHORIZED SHARES Number of Shares	Classification	Da- 1/t	ISSUED SHARES	lo: (c)		
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1,000 COMM NO PA	R VALUE		100	common	no par value	
This report must be sig	ned in ink by eit	her the President, Vic	e President, Secretary, Assi.	stant Secretary, Treast	irer, Receiver or Truster	
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8 6	7 3 9			rjury, I declare and affirm		
			this report, including	g any accompanying sched	lules and statements,	

86739 DB	C 01/12/05 02-24-94 PM
File Date	A B Company
Check No	100 od 2005
B <u>v:</u>	2e
FOR SECRETA	ARY OF STATE USE ONLY

Onuci penalty of herjury, I decid	ire and attirm that I have examined
	panying schedules and statements,
and that all statements contained	herein are true and correct.
1991	For 3. 80.00
Signature of Officer	Date
Peter T. Yasigian	1
Print or Type Name of Officer	1
President	V
Title of Officer	Form 630 12/0



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. 2. Name of Corporation Peter T. Yasigian, M.D., Professional Corporation 86739 3. Street Address Principal Business Office State Zip 2 MEEHAN LANE CUMBERLAND RI 02864 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4016582525 RHODE ISLAND 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter T. Yasigian · N/A Street Address Sireet Address 47 Country Side Drive City State Zip City State Zip Cumberland RI 02864 Secretary Name Treasurer Name Peter T. Yasiqian Peter T. Yasigian Sircei Address Street Address 47 Counrty Side Drive 47 Country Side Drive City State City Zip 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 State Zip City State Zip Director Name Director Name Street Address Street Address City State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Class/Series Number of Shares 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 Under penalty of perjury, I declare and affirm that I have examined his coport, including any accompanying schedules and statements, and that all statements contained herein are true and correct. *86739 DBC 02/09/04/09:28 File Dote_ Signature of Officer Check No. Peter T. Yasigian Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



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 (FORM MUST BE TYPED I		ling Fee: \$50.00			
1. Corporate ID No. *86739*	2. Name of Corpora Peter T. Yasi	ation gian, M.D., Profess	ional Corporation		
3. Street Address Principal B 2 MEEHAN LANE	usiness Office	<u>-</u>	City CUMBERLAND	State RI	Zip 02864
4. Business Phone No.	·····	5. State of Incorpora			6. SIC Code
4016582525		RHODE ISLAI	D		9217
7 Brief Description of the CA	haracter of Business Cond L SERVICES AND	ucied in Rhode Island CTIVITIES RELATI	ED THERETO.	······································	
8. NAMES AND ADDR President Name	esses of the offi	CERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING A	TTACHMENTS
Peter T. Yasigia	Peter T. Yasigian				
Street Address			Street Address		
47 Country Side	Drive		•		
City	State	Zip	City	State	Zip
Cumberland	RI	02864			
<i>Sccreiary Name</i> Peter T Yasigiar	•		Treasurer Name	_	
Street Address		·	Peter T Yasigia	n 	
47 Country Side	Drive		* Street Address	Durley	
City .		17:-	.47 Country Side		
Cumberland	State RI	<i>Zip</i> 02864	Ciny Cumberland	State	Zip
				RI	02864
Director Name	COSTO OF THE DIKE	CTORS ("A" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
N/A			. Director rame		
Street Address		 -	Street Address		·
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Cig	State	Zip	·City	State	Zip
•	,	[~r	·	J. J	Zip
Director Name	• • • • • • • • • • •		Director Name		
Street Address	·		-Street Address		
City	Stote	Zip	.Ciry	State	Zip
10. SHARES AUTHOR	ZED CXT BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHME!	
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1,000 COMM NO PAI	R VALUE		100	common	no par value
This report must be sig	ned in ink by either	the President, Vice	President, Secretary, Assis	stant Secretary, Treas	urer, Receiver or Trustee
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	anu faree uma jan haar		Linder possible of per-	iver I dealess and affirm	that I have an = i = d
* 8 (5 7 3 9 *	,		jury, I declare and affirm any accompanying schema	
86739 DBC1/27/03	1:12:26 DN4	 1	and that all statemen	ts contained herein are to	ue and correct:
	11:75		Vyla (1
File Date	<u> </u>		_ ~ ~ ~ ~	704	30.03
Charles 1511)4		Signature of Officer	. [.]	Date
Check No.	<u></u>	.]	Peter T Yas		
B_{V}	₩.	ĺ	Print or Type Name of	Viller	
	TE LICE ONLY		President	•	
FOR SECRETARY OF STA	IE USE ONLY		Title of Officer	·	Form 630 12/01

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 _

Filing Period: Januar	y I-March I •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BL 1. Corporate ID No. 86739	2 Name of Corpora	sigian, M.D., Professional C	Corporation	to The state of the	
3. Street Address Principal Busines			City	State	Zip
2 Meehan Lane			Cumberland	RI	02864
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 658-2525 7. Brief Description of the Charact	ter of Rusiness Conducted :	RHODE ISLAND			9217
· · · · · · · · · · · · · · · · · · ·			ies related her	eto.	
		ICERS ("X" BOX FOR ATTAC		BEFORE USING ATTAC	HMENTS
Peter T Yasigi	an		N/A		
Street Address			Street Address		
47 Country Sid	e Drive				
City	State	Zip	City	State	Zip
Cumberland	RI	02864			
Secretary Name	- •	• • • • •	Treasurer Name	•	
Peter T Yasigi	an		Peter T Yasig	gian	
Street Address		•	Street Address	•	
47 Country Sid	le Drive		47 Country Si	ide Drive	
City	State	Zip	City	State	ZIp
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDRE Director Name N/A	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip _.
Director Name			Director Name		
Street Address			Street Address		
Сну	State	Zip	Ciry	State	Zip
10. SHARES AUTHORIZ.	ED (*x* box for att	ACHMENTI	—11: SHARES ISSUED (*)	X" BOX FOR ATTACHMENT	ŋ ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date:	12016	
	13968	
Check No.: _	a	
Ву:		
FOR SECRET	ARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including pny accompanying schedules and statements, and

Signature of Officer

Peter T sigian, M.D.

Print or Type Name of Office

President

Title of Officer **♦ 3**

Form 630 12/01

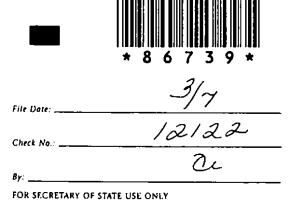
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing	Period:	January	l-March l	•	Filling	Fee: \$50.00	

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INSTRUCTION
(FORM MUST BE TYPED IN BLA					
1. Corporate ID No. 86739	2. Name of Corpora Peter T.	Yasigian, M.D.	, Professional Cor	poration	••
3. Street Address Principal Business	Office		City	State	Zip
2 Meehan Lane 6. Business Phone No.		5. State of Incorporation RHODE ISL	Cumberland	RI	02864 ^{6. s} 6247
(401) 658–2525 7. Brief Description of the Character	of Business Conducted i				
Pediatric Office B. NAMES AND ADDRESS President Name		CERS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Peter T. Yasigia	an		Street Address		
47 Country Side	Drive				
City	State	Zip	City	State	Zip
Cumberland Secretary Name	RĪ	02864	Treasurer Name	•	•
Peter T. Yasigia	an		Peter T. Yasi	gian	
47 Country Side	Drive State	Zip	47 Country Si	de Drive	Zip
Cumberland 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIRI	02864 ECTORS (*x* BOX FOR A	Cumberland TTACHMENT) FILL IN SPACE Director Name	RI ES BEFORE USING AT	02864 FACHMENTS
N/A Street Address			Street Address		
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Offector Name			Director Name		• • • • • • • • • • • • • • • • • • • •
treet Address			Street Address		
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10. SHARES AUTHORIZEI AUTHORIZZII SHARIS	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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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 anat all statements contained herein are true and correct. Signature of Officer Peter T. Yaşığlan, M.D. Print or Type Name of Office President

Title of Officer

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

TOP

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

86739	Peter T. Ya	sigian, M.D., Pr	ofessional Corpo	ration	
3. Street Address Principal Business	Office		City	State	Zip
2 Meehan Lan	e	5. State of Incorporation RHODE ISLAND	Cumberland	RI	03864 9217
(401) $658-25$ Prief Description of the Characte	25 r of Business Conducted in Ri				
Pediatric of B. NAMES AND ADDRES President Name	fice SES OF THE OFFICE	CRS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES I	BEFORE USING ATTAC	CHMENTS
Peter T. Yas	igian		Street Address		
_{Ciny} 47 Country S	ide _{ate} Drive	ZIp	City	State	Zíp
Cumberland Secretary Name	RI····	02864 · ·	Treasurer Name		·
Peter T. Yas	igian		Peter T. Yas:	igian	
47 Country S	ide Drive		47 Country S	ide Drive	
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDRES Director Name N. / A	SSES OF THE DIREC	TORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
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 AUTHORIZE AUTHORIZZO SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMEN	τ)
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This report must be sigs	acd in ink by eithe	· · <u>·</u> r the President, Vice P	resident, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trust
1 11011	INIIN BRIIR RANNA EIIFA FARI ENEN				



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all spacements contained herein are true and correct. Signature of Officer

 $M \cdot D$

Peter T Yanig an,

President Title of Officer

Check No.: _

File Date: _

FEB 18 2000

FOR SECRETARY DE STATE LA CE



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

STOP PLEASE READ -INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK	v	· · · · · - · · · · · · · · · · · · · · · · · · ·			' '
1. Corporate ID No	2. Name of Corporation Peter T. Yasig	an, M.D., Professio	nal Corporation		
3. Street Address Principal Business Of			City	State	Zip
2 Meehan C	ane_		Cumberland ::	مهمت شميد د دهمت شميد	02864
4. Business Phone No. (401) 658-2525		S. State of Incorporation RHODE ISLAND)	Dia .	6. SIC Code 9217 Sich
7. Brief Description of the Character of Pediatric Office	Business Conducted in Rh	ode Island	*		,
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI	FORE USING ATTACHMI	ENTS
President Name Peter T. Yasigian	1		Vice President Name		
Street Address			Street Address		
_{city} 47-Country-Side I	orive	żip .	City	State	Zip
Cumberland	^l RI	02864			
Secretary Name	4	· i · · · · · · · · · · · · · · · · · ·	Treasurer Name		
Peter T. Yasigia	n		Peter T. Yasigian	•	
Street Address			Street Address		
47_Country_Side_1	Drive		47 Country Side D	rive	· · · · · · · · · · · · · · · · · · ·
Cumberland	State RI	02864	Cumberland	State RI	^{Zip} 02864
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) 📑 FILL IN SPACES I	BEFORE USING ATTACH	MENTS
Director Name	•		Director Name		
N/A			<u> </u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip .
Director Name	4		Director Name		.4
			•		.•
Street Address			: Street Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZED	CA BOX FOR ATTACH	MEN I	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENTS (
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
				- 	
1,000 SHS NO PAR V			100	common	no par value
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This report must be signed	I in ink by either	the President. Vice P	resident, Secretary, Assista	nt Secretary. Treasurer.	Receiver or Trustee
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		Under penalty of perjuty, I declare and affirm that I have examined
-	to Pr. de	this report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.
ile Date:		1-2799
Check No.:	/2 /	Signature of Officer Date Peter T. Yasiyian, M.D.
)y:	/	Print or Type Name of Officer President
OR SECRETARY OF	SINIE USE ONLY	Title of Officer



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

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STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN B	LACK)				13.3
1. Corporate ID No.	2. Name of Corporal	tion		······································	
88739		sigian, M.D., Profess	lonal Corporation		
3. Street Address Principal Busine			City	State	Zip
106 Nate Whipp	le Highway		Cumberland	RI	02864
1. Business Chone No.		5. State of Incorporation			6. SIC Code
(401)_658-2525	— 150 — 150 — 150	RHODE ISLAN	ND		9217
7. Brief Description of the Charac Pediatric Offi		n Rhode Island •			
				·	
B. NAMES AND ADDRI President Name	SSES OF THE OFFI	CERS ('X' BOX FOR ATTAC			 .
Peter T. Yasig	ian		: Vice President Name		
Street Address			: 50		
47 Country Sid	e Drive		Street Address		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	City	Sidie	2.10
Secretary Name	• ••••••• • • • • • • • • • • • • • • •	••••••••••••	Treosurer Name		
Peter T. Yasig	lan		Peter T. Yasigia	n	
Street Address					
47 Country Sid	e Drive		Street Address 47 Country Side Drive		
City Change of the Control of the Co	State	Zip	City	State RI	Zip 02864
Cumberland	RI	02864	Cumberland	R1	02004
. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT)	CHMENT)		
Director Name		•	: Director Name		
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treet Address			Street Address		
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FOR SECRETAI	RY 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

7,4⁵E

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 86739 Peter T. Yasigian, M.D., Professional Corporation 3. Street Address Principal Business Office 02864 Cumber land RI 106 Nate Whipple Highway 6. SIC Code Business Phone No. S. State of Incorporation (401) 658-2525 9217 **RHODE ISLAND** 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) Vice President Name Peter T. Yasigian Street Address Street Address city 47 Country Side Drive Secretary Name Peter T. Yasigian Peter T. Yasigian Street Address Street Address 47 Country Side Drive _47 Country Side Drive Cumberland 02864 02864 Cumberland 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address Director Name Director Nami Street Address Street Address 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Share: 100 no par value 1,000 SHS NO PAR VAL COMM common 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 nts contained herein are true and correct. Yasigian, M.D. President FOR SECRETARY OF STATE USE ONLY Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Knode 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

B6739 Peter T. Yasigian, M.D., Professional Corporation SINGEL LOOKS SHOWN MANUAL SERVICES OF THE OFFICERS WAS MASS MANUAL PROJECTION ASSESSMENT OF THE OFFICERS WAS MASS MAN	_ 			PRINT IN BLACK INK.				
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Check No: 537)
By:
For Secretary of State Use Only

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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. Yaşigian, M.D.

Print or Type Name of Officer

President
Title of Officer

Z/2//96 Date