



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 OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. 18739, Name of Corporation RICHARD P. IACOBUCCI, M.D., INC., Street Address 1635 Mineral Spring Avenue, City North Providence, State RI, Zip 02904, Business Phone No. 401-353-4936, State of Incorporation RHODE ISLAND, SIC Code 9217, Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF MEDICINE, NAMES AND ADDRESSES OF THE OFFICERS: President Name Richard P. Iacobucci, Vice President Name Richard P. Iacobucci, NAMES AND ADDRESSES OF THE DIRECTORS: Director Name Richard P. Iacobucci, SHARES AUTHORIZED and SHARES ISSUED.

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



18739

File Date 1/31/05, Check No. 8668, By: DA, 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.

Richard P. Iacobucci, Signature of Officer, Date 1.21.05, RICHARD P. Iacobucci, Print or Type Name of Officer, President, Title of Officer



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)

1. Corporate ID No. 18739		2. Name of Corporation RICHARD P. IACOBUCCI, M.D., INC.			
3. Street Address Principal Business Office 1635 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No. 401-353-4936		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard P. Iacobucci			Vice President Name Richard P. Iacobucci		
Street Address 1635 Mineral Spring Avenue			Street Address 1635 Minerla Spring Avenue		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Secretary Name Richard P. Iacobucci			Treasurer Name Richard P. Iacobucci		
Street Address 1635 Mineral Spring Avenue			Street Address 1635 Mineral Spring Avenue		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard P. Iacobucci			Director Name		
Street Address 1635 Mineral Spring Avenue			Street Address		
City No. Providence	State RI	Zip 02904	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
600 NO PAR VALUE			200	common	none

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



* 1 8 7 3 9 *

File Date 1-23-04
Check No. 7648
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

Date

Richard P. Iacobucci

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 OR PRINTED IN BLACK)

1. Corporate ID No. 18739
2. Name of Corporation RICHARD P. IACOBUCCI, M.D., INC.
3. Street Address Principal Business Office
1635 Mineral Spring Avenue
4. Business Phone No. 401-353-4936
5. State of Incorporation RHODE ISLAND
7. Brief Description of the Character of Business Conducted in Rhode Island
Practice of medicine.

City No. Providence RI 02904
State RI
Zip 02904
6. SIC Code 9217

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

President Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue
City North Providence RI 02904
Secretary Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue
City North Providence RI 02904

Vice President Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue
City North Providence RI 02904
Treasurer Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue
City North Providence RI 02904

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

Director Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue
City North Providence RI 02904
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
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 common none

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



* 1 8 7 3 9 *

File Date: 2/25/03
Check No.: 6876
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] 2/10/03
Signature of Officer Date

RICHARD IACOBUCCI
Print or Type Name of Officer

Title of Officer President



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. **18739**
2. Name of Corporation **RICHARD P. IACOBUCCI, M.D., INC.**
3. Street Address Principal Business Office
1635 Mineral Spring Avenue
4. Business Phone No. **401-353-4936**
5. State of Incorporation **RHODE ISLAND**

City **No. Providence** State **RI** Zip **02904**
6. SIC Code **9217**

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

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

President Name **Richard P. Iacobucci**
Street Address **1635 Mineral Spring Avenue**
City **North Providence** State **RI** Zip **02904**
Secretary Name **Richard P. Iacobucci**
Street Address **1635 Mineral Spring Avenue**
City **North Providence** State **RI** Zip **02904**

Vice President Name **Richard P. Iacobucci**
Street Address **1635 Mineral Spring Avenue**
City **North Providence** State **RI** Zip **02904**
Treasurer Name **Richard P. Iacobucci**
Street Address **1635 Mineral Spring Avenue**
City **North Providence** State **RI** Zip **02904**

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

Director Name **Richard P. Iacobucci**
Street Address **1635 Mineral Spring Avenue**
City **North Providence** State **RI** Zip **02904**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
200	COMMON	none

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



* 1 8 7 3 9 *

File Date: 2-14-02
Check No.: 5955
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.
Richard P. Iacobucci 2/14/02
Signature of Officer Date
Richard P. Iacobucci
Print or Type Name of Officer
President
Title of Officer



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. **18739** 2. Name of Corporation **RICHARD P. IACOBUCCI, M.D., INC.**
3. Street Address Principal Business Office **1635 Mineral Spring Avenue** City **No. Providence** State **RI** Zip **02904**
4. Business Phone No. **401-353-4936** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name Richard P. Iacobucci	Vice President Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue	Street Address 1635 Mineral Spring Avenue
City North Providence State RI Zip 02904	City North Providence State RI Zip 02904
Secretary Name Richard P. Iacobucci	Treasurer Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue	Street Address 1635 Mineral Spring Avenue
City North Providence State RI Zip 02904	City North Providence State RI Zip 02904

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

Director Name Richard P. Iacobucci	Director Name
Street Address 1635 Mineral Spring Avenue	Street Address
City North Providence State RI Zip 02904	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
600 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 common none

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



* 1 8 7 3 9 *

2/1

File Date: _____

5007

Check No.: _____

20

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.

Richard P. Iacobucci 1/25/01
Signature of Officer Date
Richard Iacobucci
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. **18739** 2. Name of Corporation **RICHARD P. IACOBUCCI, M.D., INC.**
3. Street Address, Principal Business Office **1635 Mineral Spring Avenue** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **401-353-4936** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island **Practice of medicine.**

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

President	Richard P. Iacobucci	Richard P. Iacobucci
Street Address	1635 Mineral Spring Avenue	1635 Mineral Spring Avenue
City	North Providence RI 02904	North Providence RI 02904
Secretary	Richard P. Iacobucci	Richard P. Iacobucci
Street Address	1635 Mineral Spring Avenue	1635 Mineral Spring Avenue
City	North Providence RI 02904	North Providence RI 02904

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

Director Name	Richard P. Iacobucci	Director Name	
Street Address	1635 Mineral Spring Avenue	Street Address	
City	North Providence RI 02904	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
	600 SHS NO PAR VAL		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON	none

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

#38



* 1 8 7 3 9 *

File Date: 2-28-00
Check No.: 4185
By: RO

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.

Richard P. Iacobucci 2/18/00
Signature of Officer Date
RICHARD P. IACOBUCCI
Print of Type Name of Officer
Pres.
Title of Officer



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. **18739** 2. Name of Corporation **RICHARD P. IACOBUCCI, M.D., INC.**
 3. Street Address Principal Business Office **1635 Mineral Spring Avenue** City **No. Providence** State **RI** Zip **02904**
 4. Business Phone No. **401-353-4936** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
 7. Brief Description of the Character of Business Conducted in Rhode Island **Practice of medicine.**

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

President Name Richard P. Iacobucci	Vice President Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue	Street Address 1635 Mineral Spring Avenue
City North Providence State RI Zip 02904	City North Providence State RI Zip 02904
Secretary Name Richard P. Iacobucci	Treasurer Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue	Street Address 1635 Mineral Spring Avenue
City North Providence State RI Zip 02904	City North Providence State RI Zip 02904

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

Director Name Richard P. Iacobucci	Director Name
Street Address 1635 Mineral Spring Avenue	Street Address
City North Providence State RI Zip 02904	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	Class/Series	Par Value
600 SHS NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
200	common	none

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



#38

File Date: April 1, 99
 Check No.: 3113
 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] Date MD 2/24/99
 Signature of Officer
Richard P. Iacobucci
 Print or Type Name of Officer
President
 Title of Officer



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. 18739 2. Name of Corporation RICHARD P. IACOBUCCI, M.D., INC.
3. Street Address Principal Business Office 1635 Mineral Spring Avenue City No. Providence State RI Zip 02904
4. Business Phone No. 401-353-4936 5. State of Incorporation Rhode Island 6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Practice of medicine.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Richard P. Iacobucci	Vice President Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue	Street Address 1635 Mineral Spring Avenue
City North Providence RI Zip 02904	City North Providence RI Zip 02904
Secretary Name Richard P. Iacobucci	Treasurer Name Richard P. Iacobucci
Street Address 1635 Mineral Spring Avenue	Street Address 1635 Mineral Spring Avenue
City North Providence RI Zip 02904	City North Providence RI Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Richard P. Iacobucci	Director Name
Street Address 1635 Mineral Spring Avenue	Street Address
City North Providence RI Zip 02904	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
	600 SHS	NO PAR	VAL

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	common	none

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

#38

File Date: 2/19
Check No.: 2020
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] 3-6-98
Signature of Officer Date
Richard Iacobucci
Print or Type Name of Officer
President
Title of Officer



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. 18739		2. Name of Corporation RICHARD P. IACOBUCCI, M.D., INC.	
3. Street Address Principal Business Office 1524 Atwood Avenue		City Johnston	State RI
		Zip 02919	
4. Business Phone No. 401-751-5579	5. State of Incorporation RHODE ISLAND		6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Practice of medicine.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Richard P. Iacobucci		Vice President Name Richard P. Iacobucci	
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Richard P. Iacobucci		Treasurer Name Richard P. Iacobucci	
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name Richard P. Iacobucci		Director Name	
Street Address 1524 Atwood Avenue		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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
600 SHS NO PAR VAL			200
			common
			none

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



#38

* 1 8 7 3 9 *

File Date: 3.3.97

Check No.: 841

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: 2/19/97
 Print or Type Name of Officer: Richard Iacobucci
 Title of Officer: President

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. 18739		2. NAME OF CORPORATION RICHARD P. IACOBUCCI, M.D., INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1524 Atwood Avenue			CITY Johnston	STATE RI	ZIP CODE 02919
4. BUSINESS PHONE NO. 401-751-5579		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Practice of medicine.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Richard P. Iacobucci			VICE PRESIDENT NAME Richard P. Iacobucci		
STREET ADDRESS 1524 Atwood Avenue			STREET ADDRESS 1524 Atwood Avenue		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI	ZIP CODE 02919
SECRETARY NAME Richard P. Iacobucci			TREASURER NAME Richard P. Iacobucci		
STREET ADDRESS 1524 Atwood Avenue			STREET ADDRESS 1524 Atwood Avenue		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI	ZIP CODE 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Richard P. Iacobucci			DIRECTOR NAME		
STREET ADDRESS 1524 Atwood Avenue			STREET ADDRESS		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL		200	common	none

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

#38

File Date: 3/1/96
Check No: 12606
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]
Signature of Officer
Richard Iacobucci
Print or Type Name of Officer
[Signature]
Title of Officer
2/28/96
Date

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually - Jan.1 - March 1
Filing Fee \$50.00
Make Checks Payable to:
Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 18739 Annual Report for the year: 1995

Name of Corporation: Richard P. Iacobucci, MD, Inc.

Business entity organized under the laws of the State of: Rhode Island
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corp. (See RIGL Chapter 7-1.1)
 Professional Service Corp. (See RIGL Chapter 7-5.1)

Phone: () _____
Address and telephone of the principal office of business entity in R.I. (Provide street address-Not P.O.Box):
1524 Atwood Avenue
Johnston, Rhode Island 02919
Phone: (401) 751-5579

Brief statement of the character of business conducted in Rhode Island:
Rendering services as a physician

THE NAMES OF THE OFFICERS ARE:

President	Street Address	City/State	Zip Code
Richard P. Iacobucci, M.D.	1524 Atwood Avenue,	Johnston, RI	02919
Vice President	Street Address	City/State	Zip Code
Same			
Secretary	Street Address	City/State	Zip Code
Same			
Treasurer	Street Address	City/State	Zip Code
Same			

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip Code
Richard P. Iacobucci, M.D.	Same as above		
Name	Street Address	City/State	Zip Code
Name	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
600	Common	200	common

Date Feb 21, 1995 By: Richard P. Iacobucci
Richard P. Iacobucci
Print or Type Name of Officer Signing
President
Title of Officer Signing

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

GELFUSO & LACHUT, INC.
1193 RESERVOIR AVENUE
CRANSTON, RI 02920

PAID

MAR 27 1995

SECY OF STATE

P. H. 24192 m.m.s.

Filing Fee \$50.00
-Платежно:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

1994

Corporate ID: 0018739 Annual Report for the year: _____

Name of Business Entity: RICHARD P. IACOBUCCI, M.D., INC.

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: [REDACTED]
For foreign entity, address and telephone number of principal office:

Phone: () _____
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1524 Atwood Avenue
Johnston, RI 02919
Phone: (401) 751-5579

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
Richard P. Iacobucci, M.D., - Pres.
1524 Atwood Avenue
Johnston, RI 02919
Brief statement of the character of business conducted in Rhode Island:
Medical Doctor
Date of Organization: December 8, 1976
Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) Richard P. Iacobucci, M.D.	1524 Atwood Avenue, Johnston, RI	02919	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) Richard P. Iacobucci, M.D.	same as above		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) Richard P. Iacobucci, M.D.	same as above		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) Richard P. Iacobucci, M.D.	same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard P. Iacobucci, M.D.	same as above		

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	600	NUMBER	200
CLASS	common	CLASS	common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	no par	PAR VALUE OR WITHOUT PAR	no par

Date JAN 25 1994 _____

By: [Signature]
RICHARD P. IACOBUCCI, M.D. INC.

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018739 Annual Report for the year 1993

FIRST: The name of the corporation is Richard P. Iacobucci, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Rendering Service as a physician

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1524 Atwood Avenue, Johnston, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Richard P. Iacobucci, M.D.</u>	<u>Director</u>	<u>1524 Atwood Avenue, Johnston, RI</u>
.....	<u>Director</u>
.....	<u>Director</u>
<u>Richard P. Iacobucci, M.D.</u>	<u>President</u>	<u>"</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>No Par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>		<u>No Par</u>

Rec'd & Filed MAR 16 1993
Check # 10568
9/2/93

Dated January 29, 1993

Richard P. Iacobucci, M.D., Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0018739..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....RICHARD P. IACOBUCCI, M.D., INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....rendering service as physician.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....1524 Atwood Avenue, Johnston, RI.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Richard P. Iacobucci, M.D.	Director	1524 Atwood Avenue, Johnston, RI
	Director	
	Director	
Richard P. Iacobucci, M.D.	President	1524 Atwood Avenue, Johnston, RI
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par

Rec'd & Filed FEB 17 1992
AMT 74362

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

Dated.....January 31,.....19 92.....

Richard P. Iacobucci, M.D., Inc.
(Name of Corporation)
By.....*[Signature]*.....
RI
Title.....President.....

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018739 Annual Report for the year 1991

FIRST: The name of the corporation is RICHARD P. IACOBUCCI, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering service as physicians

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1524 Atwood Avenue,
Johnston, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Richard P. Iacobucci, M.D.	Director	1524 Atwood Avenue, Johnston, R. I.
	Director	
	Director	
Richard P. Iacobucci	President	1524 Atwood Avenue, Johnston, R.I.
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

Dated January 31, 19 91

Richard P. Iacobucci, M.D., Inc.
(Name of Corporation)

Rec'd & Filed FEB 04 1991

By Richard P. Iacobucci

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018739 Annual Report for the year 1990

FIRST: The name of the corporation is RICHARD P. IACOBUCCI, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is rendering service as physicians

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1524 Atwood Avenue, Johnston,
Rhode Island 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Richard P. Iacobucci, M. D.</u>	<u>Director</u>	<u>1524 Atwood Ave., Johnston, R.I.</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Richard P. Iacobucci, M. D.</u>	<u>President</u>	<u>1524 Atwood Ave., Johnston, R.I.</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>No Par</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>		<u>No Par</u>

Rec'd & Filed
FEB 27 1990

Dated February 1, 19 90.

Richard P. Iacobucci, M.D., Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1989
1988



Corporate ID 0018739 Annual Report for the year 1988

FIRST: The name of the corporation is RICHARD P. IACOBUCCI, M.D., INC.

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THIRD: Character of business, briefly stated, is rendering service as physicians

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1515 Smith Street, North Providence,
Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Richard P. Iacobucci, M.D.</u>	<u>Director</u>	<u>1515 Smith St., No. Providence, R.I.</u>
.....	<u>Director</u>
.....	<u>Director</u>
<u>Richard P. Iacobucci, M.D.</u>	<u>President</u>	<u>"</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>common</u>		<u>no par</u>

Dated February 1, 19 89. Richard P. Iacobucci, M.D.
(Name of Corporation)

By Richard Iacobucci
Title.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18739 Annual Report for the year 1988

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	Director	
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith Street, No. Prov., R.I.
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		No Par

PAID MAR 02 1988
MAR 18 1988
SECY OF STATE



Dated February 1, 1988 Richard P. Iacobucci, M.D.
(Name of Corporation)

By Richard P. Iacobucci, M.D.

(Report must be signed by an officer)

Title.....

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18739 Annual Report for the year 1987

FIRST: The name of the corporation is RICHARD P. IACOBUCCI, M.D., INC.

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FOURTH: If foreign corporation, address of its principal office

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1515 Smith St., North Providence, R. I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Richard P. Iacobucci, M.D.	Director	1515 Smith St., No. Prov., R. I.
	Director	
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith St., No. Prov., R. I.
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par value

Dated January 20, 19 87

RICHARD P. IACOBUCCI, M.D., INC.
(Name of Corporation)

By Richard P. Iacobucci

Title President

(Report must be signed by an officer)

02/02/87 PAID
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15.00

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18739 Annual Report for the year 1986 ✓

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SECOND: It is incorporated under the laws of Rhode Island

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FIFTH: Business address in Rhode Island
1515 Smith St., North Providence, R. I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Richard P. Iacobucci,</u> <u>M.D.</u>	<u>Director</u>	<u>1515 Smith St., No. Prov., R. I.</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Richard P. Iacobucci,</u> <u>M.D.</u>	<u>President</u>	<u>1515 Smith St., No. Prov., R. I.</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>common</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>common</u>		<u>no par value</u>

Dated January 24, 19 86

02/11/86 PAID ANRE CHECK 0576A001

RICHARD P. IACOBUCCI, M.D., INC.
(Name of Corporation)

By: [Signature]

Title President

FEB 10 1986

(Report must be signed by an officer) [Signature]

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

18739

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is Richard P. Iacobucci, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is rendering service as physicians.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
1515 Smith St., North Providence, R. I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Richard P. Iacobucci, M.D.	Director	1515 Smith St., No. Prov., R.I.
	Director	
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith St., No. Prov., R.I.
"	Vice President	"
"	Secretary	"
"	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par value

Dated: Jan 21 1985

Richard P. Iacobucci, M.D., Inc.

By: *Richard P. Iacobucci*

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

AMR
CH
012901
15.00

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is Richard P. Iacobucci, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is rendering service as physicians.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
1515 Smith St., North Providence, R. I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Richard P. Iacobucci, M.D.	Director	1515 Smith St., No. Prov., R.I.
	Director	
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith St., No. Prov., R.I.
"	Vice President	"
"	Secretary	"
"	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par value

Dated: January 20, 1984

Richard P. Iacobucci, M.D., Inc.
(Name of Corporation)

By: [Signature]

Title: President

(Report must be signed by an officer)

JAN 20 1984

1 25 54 5630E1

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is Richard P. Iacobucci, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is rendering service as physicians.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1515 Smith Street, North Providence, R. I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Richard P. Iacobucci, M.D.	Director	1515 Smith St., No. Prov., R.I.
	Director	
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith St., No. Prov., R.I.
"	Vice President	"
"	Secretary	"
"	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common	2 83	no par value

Dated: January 27, 1983

Richard P. Iacobucci, M.D., Inc.
(Name of Corporation)

By *[Signature]*
Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FEB 1 1983
[Handwritten initials]

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is Richard P. Iacobucci, M.D., Inc.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is rendering service as physicians.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1515 Smith St., North Providence, R. I.

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Richard P. Iacobucci, M.D.	Director	1515 Smith St., No. Prov., R.I.
	Director	
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith St., No. Prov., R.I.
"	Vice President	" "
"	Secretary	" "
"	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	common		no par value

Dated: January 21, 1982

Richard P. Iacobucci, M.D., Inc.
(Name of Corporation)

By: *Richard P. Iacobucci*
Title: President

FEB 3 1982

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

RICHARD P. IACOBUCCI, M.D., INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is RICHARD P. IACOBUCCI, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: The address of its registered office in Rhode Island is
1515 Smith Street, North Providence, R. I.,

and the name of its registered agent in Rhode Island ~~at such address~~ is
Americo Campanella, Esq., 902 Old Colony Bank Bldg., Prov.,
R.I.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is rendering services as physicians and surgeons.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Richard P. Iacobucci, M.D.	Director	1515 Smith St., No. Prov., R. I.
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith St., No. Prov., R. I.
Same as above.	Vice President	Same as above.
Same as above.	Secretary	Same as above.
Same as above.	Treasurer	Same as above.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	common		no par value

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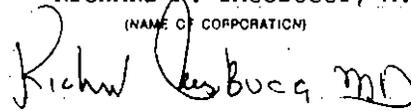
EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	common		no par value

Dated Feb. 17, 1981

RICHARD R. IACOBUCCI, M.D., INC.
(NAME OF CORPORATION)

By



Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
ANNUAL REPORT
OF

RICHARD P. IACOBUCCI, M.D., INC.

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and the name of its registered agent in Rhode Island at such address is

Americo Campanella, Esq., 503 Old Colony Bk. Bldg., Prov., R. I.

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	Director	
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"	Vice President	" "
"	Secretary	" "
"	Treasurer	" "

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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	Common	4042A14	No Par Value

MAR 7 1980

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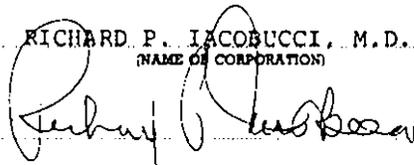
EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	Common		No Par Value

Dated Feb 4, 1980.

RICHARD P. IACOBUCCI, M.D., INC.
(NAME OF CORPORATION)

By



Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

RICHARD P. IACOBUCCI, M.D., INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is RICHARD P. IACOBUCCI, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: The address of its registered office in Rhode Island is 1515 Smith Street, North Providence, R. I., and the name of its registered agent in Rhode Island at such address is Americo Campanella, Esq., 503 Old Colony Bk. Bldg., Prov., R.I.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is rendering services as physicians and surgeons.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Richard P. Iacobucci, M.D.	Director	1515 Smith St., No. Providence, R.I.
	Director	
Richard P. Iacobucci, M.D.	President	1515 Smith St., No. Providence, R.I.
"	Vice President	" "
"	Secretary	" "
"	Treasurer	" "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	#	Series	Par Value per Share or Statement that Shares are without Par Value
600	Common	2079		No Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	Common	.	No Par Value
		.	

Dated February 12, 19 79

RICHARD P. JACOBUCCI, M.D., INC.
(NAME OF CORPORATION)

By


Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

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	Director	
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MAR 28 1978

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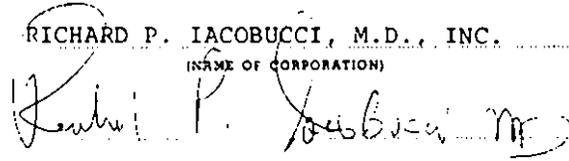
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	Common		no par value

Dated February 1, , 1978

RICHARD P. IACOBUCCI, M.D., INC.

(NAME OF CORPORATION)

By



Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

*Effective
Date
Jan. 1, 1977*

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

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	Director	
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200	common		no par value

Dated February 26, 1977

RICHARD P. IACOBUCCI, M.D., INC.
(NAME OF CORPORATION)
By *Richard P. Iacobucci*
Its President