

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 - M (FORM MUST BE TYPED OR PRIN		Fee: \$50.00		-	
I. Corporate ID No. 10041		ITHIER, M.D., INC.			
3. Street Address Principal Business C 1332 5 M		+	North Providence	State RI	02911
4. Business Phone No. 461-273-52	77	5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Chamcier of MEDICAL SERVICES	of Business Conducted in R	bode Island			
	5, Bouth		Vice President Name	ces before using a	
Street Address	th Street		Street Address (332 S	with str	eeT-
Motth Provider	Y	zib 0541)	North Providence	1	^{zip} o 2911
Secretary Name Edward	2. Couthier	- MD	Treasurer Name	5. Gosthie	r MD
Street Address 1332 Smi		<i>p</i>	Street Address 1 332 S	with street	大
North Providence	State RI	200 201	Worth Provadence	State R.I	029(1
9. NAMES AND ADDRESSES Director Name		S: ("X" BOX FOR ATT.	Director Name	ACES BEFORE USING	ATTACHMENTS
Street Address	200		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 (AUTHORIZED SHARES	 ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	 BOX FOR ATTACHME	ן מאין (י <i>מ</i> אין [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			(800)	Common	No bar
This report must be s	igned in ink by eithe	r the President, Vice Pre	esident, Secretary, Assistant Se	ecretary, Treasurer, Rec	eiver or Trustee

including any accompanying schedules and statements, and that all statements contained herein are true and correct. FILED FEB 2 8 2005 Edward J, Gzothier Print or Type Name of Officer resident FOR SECRETARY OF STATE USE ONLY Title of Officer

Under penalty of perjury, I declare and affirm that I have examined this report,

Form 630 Rev. 12/03



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 CORPORE Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	larch 1 • Filing		FOR THE YEAR	2004	
1. Corporate ID No.	2. Name of Corporation	THIER, M.D., INC.			
3. Street Address Principal Business			North Praidence	State R. I.	02911
4. Business Phone No. 401-273-52	77	5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character MEDICAL SERVICES 8. NAMES AND ADDRESSES President Name Edural 7	OF THE OFFICERS:		CHMENT) FILL IN SPACE Vice President Name ELLUSION	ces before using at	
Street Address 1332 SWith		- -	Street Address		· · · · · · · · · · · · · · · · · · ·
CITY Providence	State RI	zip 62911	Nerth Providence	State RI	2ip 02911
Secretary Name Edword	यः हिम्मार्ट	M	Treasurer Name Edward T	© श्रीमाहर	CM.
Street Address 1332 SMT	the street		Street Address 1332 Swith		
Month Providence	State RI	Zip 02911	City North Providence	State R. I.	05d11
9. NAMES AND ADDRESSES Director Name	of the directors	S: ("X" BOX FOR ATTA	ACHMENT) FILL IN SP. Director Name Worker W.	ACES BEFORE USING	ATTACHMENTS
Street Address		·	Street Address		
City	State	Zip	City	State	Zip
Director Name		J	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	(TN
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	···		(000	Common	No por
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rms report must be	signed in mk by eline	a me riesident, vice Pr	esident, Secretary, Assistant S	colorary, freasurer, Rec	civel of littatee

	* 1 0 0 6 1 *
File Date Check No.	10 re c
Ву:	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.

President

Title of Officer

Form 630 Rev. 12/03

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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ

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(FORM MUST BE TYPED OR P	·			
1. Corporate ID No.	2. Name of Corp.	pration		
10041	EDWARD	J. GAUTHIER, M.D., INC).	
3. Street Address Principal Bus	iness Office 1th Street	_	Morter Providence R.	T 02911
4. Business Phone No.		5. State of Incorpora	ntion	6. SIC Code
401-273-	5277	RHODE ISL	AND	9217
7. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	nii v	52. 1
8. NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES BEFORE USI	NG ATTACHMENTS
President Name	ng 2, Gs	attrier MD	Vice President Name Edward S. C	and wither
Street Address 1332 SV	nte stin	eet	1332-Smith	Street
Nosta Provi	doncestate RJ	Zip 0291	North Penidone	rt 2102911
Secretary Name	Kel I. Go	uthier, Min	Treasurer Name Edwind 7. Gr	CM reintly
Street Address	with str		Street Address 32 Swith S.	test
North Povide	we State PI	· 2102911	North Rouidence State R	II Zipo 2911
9. NAMES AND ADD	RESSES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES BEFORE U	SING ATTACHMENTS
Director Name	lone mo-	re.	Director Name None V	none
Street Address			Street Address	
City	State	ZIp	City State	Zip
Director Name	•		Director Name	
Street Address			Street Address	
City	State	Zip	City State	Zip

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

ISSUED SHARES

Number of Shares

1000

-	* 1 0 0 4 1 *
File Date:	2/25/03
Check No.:	5768
p	<i>ম</i>

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

Class/Series

Par Value

AUTHORIZED SHARES

1,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

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

Slengture of Officers of Officers of Officers of Officers

Signature of Officer Date

A (1) 3 x D 3, 6 3 officer MD

nt or Type Name of Officer

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

Title of Officer

Form 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

401-222-3040

ruing	Perioa:	January	1-March	7 ·	Filling	Fee:	\$50.00	

(FORM MUST	`BE	TYPED	IN	BLA	CK
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1. Corporate ID No.

2. Name of Corporation

10041

EDWARD J. GAUTHIER, M.D., INC.

3. Street Address Principal Business Office

Smith 1332

North Providence

02911

4. Business Phone No.

401-273-5277

5. State of Incorporation **RHODE ISLAND**

6. SIC Code 9217

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

Medical Services

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

Edward J. Gauthier

Vice President Name
Edward J. Garthier MD

Street Address 1332 Smith Street

1332 Smith street

Edward I. Gauthier, MD

Street Address 1332 Smith Street

02911 North Providence

1332 Smith Street

Edward J. Gzothier

Mosta Providence

North Providence

11 PSB112

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Edward J. Gauthier, M.D.

Director Name

32 Smith Street

None more

Street Address

Treasurer Name

City

Zip

Director Name Director Name

Street Address

City

State

Street Address

City

State

Zip

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

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

Zlo

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

ISSUED SHARES

Number of Shares

Class/Series

1000

Common

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



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.

كاستعيدك

Edward J. Gauthier

Print or Type Name of Officer President

Title of Officer **€**

Form 630 12/01

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

1.	Corporate	ID No.	
		^{ID} 10041	ı

2. Name of Corporation EDWARD J. GAUTHIER, M.D., INC.

3. Street Address Principal Business Office

Street 1332 Swith

North Providence

4. Business Phone No.

401-273-5277

State of Incorporation RHODE ISLAND

6. H5 Goy

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

Medical Services

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

President Name

Edward J. Gauthier M.D.

332 swith street

North Providence

Edward J Goother M.D.

1332 Swith

City Moth Providence State

Vice President Name

Edward I, Gaothies MD

Street Address

1332 Smith street

Treasurer Name

Edward I. Gauthier M.D.

1332 Smith street

Morth Previdence

21P22911

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Edward J. Gasttier, M.D.

Director Name Street Address

32 smith street

Director Name

Director Name

Street Address

Street Address

City

State

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

Zip

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

AUTHORIZED SHARES

Number of Shares

Par Value

ISSUED SHARES Number of Shares

Class/Series

1000 SHS NO PAR VAL

1000

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



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 Edward J, Goothier, MD

Print or Type Name of Officer 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
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID No. 10041	2. Name of Corporati EDWARD J.	on GAUTHIER, M.D.,	INC.		
3. Street Address Principal Bi	usiness Office Smith St	reet	North Provid	loce RI	zip 02917
4. Business Phone No. 401-273	-5277	5. State of Incorporation RHODE ISLANI			6. SIC Code 92 17
7. Brief Description of the Ci Mea	naracter of Business Conducted in	Rhode Island			
	DRESSES_OF_THE_OFFIC	CERS (<u>"x" box for attac</u>	HMENT) _ FILL IN SPACE	S BEFORE USING ATTACH	MENTS
President Name Edw	and I. Bai	CM, vsidte	Vice President Name	usrd s. Grot	trier MD
Street Address 1332	5 mitte street	٢	Street Address 1332 SV	rith Street	
Morth Pr	widowo RI	21po 2911	North Proof	one state RI	^{zip} 02911
· · · · · ·	d 3, 600th	nièr MD	Treasurer Name Edwr	o T. Gotthie	ir mo
Street Address	neth street		Stead Address	the Steet	
Morter Praid	leno state RI	²¹⁰ 02911	Worth Provide	mo State RI	zip02911
Director Name	Presses of the direction Z (Gooth		Director Name	es before using attac	HMENTS
Street Address 133	2 Swith S	heat	Street Address		•
Mathermia	lene State RI	zip 0291)	City	State	Zip
Director Name	one more	•	Director Name	~ !\	
Street Address			Street Address	r more	
City	State	Zip	City	State	Zip
10. SHARES AUTHOI	RIZED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ISSUED SHARES	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO P	AR VAL		1000	Common	No box
a e see	.œ. v.				
		er the President, Vice	President, Secretary, Ass	sistant Secretary, Treasure	er, Receiver or Truste

that all statements contained herein are true and correct. File Date: Check No.:

Title of Officer

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

FOR SECRETARY OF STATE USE ONLY



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

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PLEASE ENSTRUC	READ TIONS
1	

(FORM MUST BE TYPED IN I	BLACK)				
1. Corporate ID No.	2. Name of Corporation				
10041		AUTHIER, M.D., INC			<u>. </u>
3. Street Address Principal Busin	iss office	•	North Providence	State R.I.	02911
4. Business Phone No.	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5. State of Incorporation		1	6. SIC Code
401-273-5	5277	RHODE ISLAND)		9217
	ncter of Business Conducted In Ri	node Island			
Med	ical Service	: ૯૬			•
8. NAMES AND ADDR	ESSES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEFO	ORE USING ATTACHM	ENTS
President Name	L I. Gouthi		: Vice President Name	Z. Goothie	
Street Address			Street Address		
	with Street			ith Street	T
Moth Provid	eno PI	02911	Munth Pro	State V	95311
Secretary Name Edwす	ud 2, 620	thier M.D.	Edward 3	I. Gzulhiee	MD
	with Str		Street Address 1332 Sw	: th stree	$\sum_{i} i$
CII VOTTA Provid	lence RI	0 2911	North Providence	State RI	0291)
9. NAMES AND ADDR	ESSES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) _ FILL IN SPACES BI	EFORE USING ATTACH	MENTS
Director Name	37d S. 63	am south	Director Name	- more	
Street Address	- Swith S		Street Address		· · · · · · · · · · · · · · · · · · ·
				To	Tar.
City Next Trail	Leve VI	1 6291)	City	State	Zip
Director Name			* Director Name		·
	ve mora			e more	
Street Address			Street Address		
City	State	Zip	City :	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PA	R VAI		1000	Common	Noper
I IANA OLIO IIA LVI					
			<u> </u>	<u></u>	1 :
This report must be si	igned in ink by either	the President, Vice P	President, Secretary, Assistar	nt Secretary, Treasure	, Receiver or Trus
k					
· 		1 1 1 1			

	* 1 0 0 4 1 *
	1h 16,99
File Date:	M.747.3
Check No.:	9 D
FOR SECRETARY OF S	TATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined $% \left(1\right) =\left(1\right) \left(1\right)$ this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 3. Str. 1004 s. Principal Rusiness Office FDWARD J. GALITHIER M.D. INC. City

э, ане циин ф ъ гинстрат ви	SINESS OFFICE EDWARD 1.		ic. cm	State	Ζιν ,
4. Business Phone No.	1332 Smith S	treet 5. State of Incorporation	North Prov.	R.I.	0,2911 6.51C Code
	273-5277				
7. Brief Description of the Ch	aracter of Business Conducted in	Rhode Is RHODE ISLAN	ID		9217
8. NAMES AND ADD	Primary Medi RESSES OF THE OFFICE	cal Services CERS (*X" BOX FOR ATTAC	HMENT)		
President Name	······································		Vice President Name		~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Edward J. Ga	uthier, M.D.	Edward J. Gau	thier, M.D.	
Street Address			Street Address	•	
	1332 Smith S	treet	1332 Smith St	reet	
City	State	Zip	City	State	Zip
North Prov. Secretary Name	R.I.	02911	North Prov. Treasurer Name	R.I.	02911
Edward J.	Gauthier, M.D.	•	Edward J. Gaus	thier, M.D.	
1332 Smith	n Street	Zip	1332 Smith S	Street State	Zíp
North Prov	7. R.I.	02911	North Prov.	R.I.	02011
9. NAMES AND ADD Director Name	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATT		,	02911
Edward J.	Gauthier, M.D		None Other		
Street Address	•		Street Address		
1332 Smith	Street				
City	State	Zip	City	State	Zip
North Prov	7. R.I.	02911	•		•
Director Name			Director Name	, p	
None Othe	er		None Other		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	VT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			100		no par value

1000 SHS NO PAR VAL

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

File Date:	o.34.9"	0 4 1 *
Check No.:	2907	
Ву:	WP	1411
	Y 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.

Edward J. Bauthier	, MD 3-22-98
Signature of Officer	Date
Educated T. Countrie	oso M D

Edward J. Gal Print or Type Name of Officer

President 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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

1
1

EDWARD J. GAUTHIER, M.D., INC.

3. Street Address Principal Business Office

1332 Smith

Jorth Providence

029 II

6. SIC Code

4. Business Phone No.

273 - 5277

RHODE ISLAND

5. State of Incorporation

9217

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

Primmy Usedical Services

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

Edward J. Gouthier, M.D.

Gauthier, M.D.

1332 Smith Street

North Providence State 12, I . Zip 02911

Vice President Name

Edward I. Gauttrier M.D.

1332 Swith Street

02911

Edward 5, Gasthier

Director Name

Street Address

North Providence State B. I.

^{zi}02911

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

City

State

Zip

Director Name

Director Name

Street Address

City

Street Address

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

ISSUED SHARES

Number of Shares

Class/Series

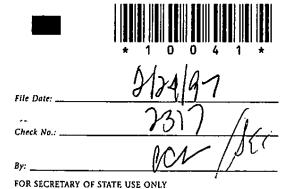
Par Value

1000 SHS NO PAR VAL

100

no porvalue

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.

Edward J. Print or Type Name of Officer

re situat



Title of Officer



PROFIT CORPORATION ANNUAL REPORT

1996

PLEASE TYPE OR PRINT IN BLACK INK.



Flusrd J. Gsothier M.D.
Print or Type Name of Officer

President

Title of Officer

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

Check No:

For Secretary of State Use Only

Ву:

1. CORPORATE ID NO. 2. NAME OF CORPORATION				
10041 EDWAR	D J. GAUTHIER, N	I.D., INC.		
3. ŠTREET ADDRESS PŘÍNČIPÁL BUŠINESS OFFICE		CITY	dene RT	ZIP CÓDE
4. BÚSINÉSS PHÔNE NO. 273 — 5277	5. STATE OF INCORPORATION RHODE IS	LAND		6. SIC CODE 9217
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN AHOD Primany Well all	S ervices			
PRESIDENT HAME	•	ESSES OF THE O	FFICERS	
Edward I. Garth	ier, M.D.	Egmon	rd I. Gosth	ier, MP
street Address 1332 Smith Street		STREET ADDRESS	switte st	reat
North Providence RI	ZIP CODE O 2911	Month Provide	•	
Edward I, Gauth	•	TREASURER NAME Educ	ng Z. G aut	trièr MD
1332 swith Street	: +	STREET ADDRESS	ith stree	<u>-</u>
Hoth Providence STATE R 3	•	Noth Provider		02911
DIRECTOR NAME Edward Z. Gaith		ESSES OF THE DI	RECTORS	entralitation in the second
1332 Swith Street		STREET ADDRESS	·	
Morth Providence RI	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME	- 	DIRECTOR NAME		
STREET ADDRESS		STREET ADDRESS		
STATE .	ZIP CONE	CITY	STATE	ZIP CODE -
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AUTHORIZED SHARES			ISSUED SHARES	-
NUMBER OF SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000 SHS NO PAR VAL		100		no pan value
		· ·		:
•				<u> </u>
Th President, Vice President	is report must be SIG lent. Secretary, Assis	NED IN INK by either that the secretary, Treasurer	ne : Receiver or Trustee	
	, oceretal J, 7 (55)	Under penalty o	of perjury, I declare and a	iffirm that I have examined this edules and statements, and that
File Date: 2/20/96	- ; 	Signature of Off	rel & Hari	an rent

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:	Annual Report for the year:
Name of Corporation: EDWARD J. GAUTHIER,	· · · · · · · · · · · · · · · · · · ·
Business entity organized under the laws of the State of:	Business Entity is (check one): [] Business Corporation (See RIGL Chapter 7-1.1) [Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: () Address and telephone of the principal office-of business-entity-in Rhode Island (Provide street address - Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
Month Providence RI 02911	
Phone: (401) 273-5277 THE NAMES OF	THE OFFICERS ARE:
PRESIDENT STREET	TADDRESS Smith St. North Prov. RI 02911
VICE PRESIDENT STREET	ADDRESS CITY/STATE ZIP CODE
SECRETARY STREET	ADDRESS CITY/STATE ZIP CODE
TREASURER STREET	ADDRESS CITY/STATE ZIP CODE
	THE DIRECTORS ARE:
	ADDRESS THE St. North Prop. RI 02911
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
1000 Comman	
Date February 26, 1995 By:_	Edusch of Buttues, With S. C. Brown S. G. Brown S.
	OR TYPE NAME OF OFFICER SIGNING Pre n'devit
DESIGNATED REGISTERED A	AGENT FOR SERVICE OF PROCESS:

EDWARD J. GOUTHIER

1332 SMITH STREET PROVIDENCE R:

RI 02911

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

FILED FEB 2 8 1995

By EC. 1178

PLEASE TYPE or PRINT

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

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

Corporate ID: 0010041	Annual Report	t for the year:	1994	
Name of Business Entity:	EDWAR	D J. GAUTHI	IER, M.D., INC	
Business entity organized under the laws of the State of:	Business E	intity is (check one):		
Federal Taxpayer Identification Number			n (See RIGL Chapter 7-1.1	
For foreign entity, address and telephone number of principal of			Corporation (See RIGL Clompany (See RIGL 7-16)	hapter 7-5.1)
		and mailing address of attoms may be directed	of contact person to whom i:	
		3 , Z bysu	EM, VSIDTES	D
<u> </u>		idout / ou	men / physicish	
Phone: ()		2 Smilt st		
Address and telephone of the principal office of business entity	in Rhode	nth Ameidaus	e, HI. O	1192
Island (Provide street address - Not P.O. Box):			of business conducted in Ri	hode Island:
Edward I'l Gouthier MD	<u> </u>	meras magni	eal Services	
1232 Smith Shak				
portte growidonce, R. I	O2911 Date of Org	ganization:	TOT +981	<u> </u>
Phone: (461) 273-5277	Date of Qua	alification to do busin	ess in Rhode Island (if fore	éign entity):
THE	NAMES OF THE OFFICERS	S ARE:		
☐ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT (Check One)	STREET ADDRESS	CITY/ST	Providence K.I	ZIP CODE
CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One)	STREET ADDRESS	CITYIST		ZIP CODE
CHIEF OPERATING OFFICER OR	STREET ADDRESS	Citist	KIE	ZIP CODE
☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One)	STREET ADDRESS	CITY/ST	ATE	ZIP CODE
☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One)	STREET ADDRESS	CITY/ST	ATC	ZIP CODE
G CHIEF PHANCIAL OFFICER OR THE TREASURER (CHECK ORE)	STREET RUDRESS	Cirisi	AIC	Zir Cobi
THE	NAMES OF THE DIRECTOR	RS ARE:		
Edward J. Gasthier	MD 1332 Swith	or stook Cityisi	nthe Possidere	LA OZU
NAME	STREET ADDRESS	CITY/ST		ZIP CODE
NAME	STREET ADDRESS	CITY/\$1	АТЕ	ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF	SHARES ISSUED A	AND OUTSTANDING (If A	Annlicable)
NUMBER (000	NUMBER	(00 0		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CLASS COMMON!	CLASS	Crum		
SERIES I	SERIES			
PAR VALUE OR	PAR VALUE	OR	1>-0	
WITHOUT PAR , NO P & C	WITHOUT PA	AR VOS V		
Date 2 14 19 94	By: Edua	المسلح لح لم	tier us	
	Eg war	el 5.6	. C.M rsixtra	
1	PRINT OR TYPE NAME OF OFFICE	ER SIGNING		
	TITLE OF OFFICER SIGNING	7		
į				
Form 31 1/94				
	ED OR RESIDENT AGENT I			
PLEASE NOTE: If the Corporation has changed its registere	l office and/or registered or resider	nt agent, Form 9 or Fo	orm LLC 3 must be filed.	

EDWARD J. GOUTHIER 1852 SMITH STREET PROVIDENCE RI 02911 FEB 1 6 1921 VRem CKG09

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

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 001		Annual Re	port for the year	1993	
First: The name of	the corporation is				
SECOND: It is incorp	orated under the laws of	Rhode I	slond		
THIRD: Character of	business, briefly stated, is	Medical	Services		••
FOURTH: If foreign of	corporation, address of its p	rincipal office			•
FIFTH: Business add	ress in Rhode Island	•			•
	Smith Street				
SIXTH: Names and a	ddresses of its directors and		ess (including number, st	(Attach rider if necessary)
Edward Z. G.	Director Director	1332 \$	mith st	eet N.Providen	ing RI
	Director				
Edward J. 6.	President	1332 SM	test str	M. Providence &	<u> </u>
	Vice Preside	ent		02911	
	Secretary		***************************************		
	Treasurer				į.
	f Shares authorized:			Par Value or statement that	1
No. of Shares	Class	Series		shares are without par value	
(000)	Commo		PAID	no for	
		FF	B 2 3 1993		
EIGHTH: Number of	Shares issued:		CY OF STATE	Par Value or statement that	
No. of Shares	Class	Series		shares are without par value	
1000	Common			no bar	
Dated February	4	Name of Corporations		r, MD. Inc.	
(Report must be sign	ned by an officer) T	y Elward itle Tresid	eut-		

State of Rhode Island and Frovidence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903 To be filed annually between January 1st and March 1st

Corporate ID	0010041	Annual Report for the year	1992
First: The	name of the corporation is	EDWARD J GAUTHIER,	M.D., INC.
		Rhode Island	
		Medical Services	
Third: Cha	racter of dusiness, briefly stated, is	Medical revolees	

Fourth: If	foreign corporation, address of its	principal office	
		N/A	
Fifth: Busin	ness address in Rhode Island\	332 swith street	
	W,	Providence R.I.	
SIXTH: Nam	nes and addresses of its directors an	ad officers:	(Attach rider if necessary)
F- 6	Name Office	Address (including number, stree	
Edw 2rd	J. Goother Director	1332 Smith strett	de Arrestores , 16'T'
	Director		
	Director		
Edward	S. Goothier President	1332 Smith Steet, N	Providence, R. I.
	Vice President	dent	
***************************************	Secretary		
	Treasurer		
Seventh: N	umber of Shares authorized:		Par Value
			or statement that shares are without
No. of Shares	Class Common	Series . 109 %	bar value
(000)	2011,000	, FEB 24 W.	•
Еіднтн: Nu	mber of Shares issued:	Rec'd & Filed FEB 24 1992	Par Value
No. of Shares	Class	Series	SHATES ATC WITHOUT
1000	Commo		par value
, ,			
Dated Febr	2001x 21 19 92	Edward J. Goothier	MD Inc.
·	9	(Name of Corporation)	
		By Sourond J. Hout	luer M.D.
(Report n	nust be signed by an officer)	Title President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0010041	Annu Annu	al Report for the year	1991
: -	e of the corporation is	7.1	ARD J. GAUTHIER	, M.D., INC.
	corporated under the laws of			
THIRD: Characte	er of business, briefly stated, is	Med	ical Services	······································
FOURTH: If fore:	gn corporation, address of its	principal office	/A	
FIFTH: Business	address in Rhode Island\3		TV	
SIXTH: Names a	nd addresses of its directors an	d officers:	Address (including number, s	(Attach rider if necessary)
	GoJThier Director	1332	Smith Stee	et Pravideno RI
Eduard 3.	Director Director President Vice President			- Povedena R.F.
	Secretary Treasurer			
SEVENTH: Numb	er of Shares authorized:	Seri	ries	Par Value or statement that shares are without par value
1000	Comman			No bon
EIGHTH: Numbe	r of Shares issued: Class	PA 1 1 1 Seri	, ≽ ¬(F	Par Value or statement that shares are without par value
(000)	Comman	NA COP	Control of the second	no ban
Dated Februar	0	(Manual of Carrenting)	on of Stains	
(Report must b		Title. 3~	resident	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

A

	1.0
T	00

Corporate ID	0010041	Annual Report for the y	ear .1990
First: The n	name of the corporation is	EDWARD J. GAVTHIER, I	1.D., INC.
		_	
THIRD: Char	acter of business, briefly stated, is	: Medical Services	<u> </u>
	oreign corporation, address of its	principal office.	
		1332 Smith Stree	
***************************************	***************************************	Providence, RI,	
	es and addresses of its directors ar	nd officers: Address (including numb	(Attach rider if necessary) per, street, zip code)
	5.635thiev Director	1332 Smith Str	est Dravidence 127
***************************************	Director		
	Director		•••••••••••••••••••••••••••••••••••••••
	J. Goultrier President	1332 SWith Street	
	Vice Presi	dent	
	Secretary		
	Treasurer		
SEVENTH: Nu	imber of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without
1000	Common	Solid	par value NOPSY
(0			`
Eighth: Nun	nber of Shares issued:	#F3 1 ≈ 19 93	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
(000)	Common		no ber
Dated Febru	وو 19 <u>سم ال لام</u>	Edward J, Goot (Name of Corporation)	wier MD Inc.
		By Edward & Han	ettier, M.F.
(Report m	ust be signed by an officer)	Title President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE. RHODE ISLAND 02903

Corporate ID0010		RHODE ISLAND 02903	, a 1999
			or the year1989
First: The name of	f the corporation is	EDWARD J. GAUTH:	ER, M.D., INC.
Second: It is incorp	porated under the laws of	Rhode Islav	d
THIRD: Character o	f business, briefly stated, is	Medical Serv	ices
FOURTH: If foreign	corporation, address of its p	rincipal office	
	•	N/A	
FIFTH: Business add	ress in Rhode Island	••••••	
	1332 Smith	itreet Providence	
SIXTH: Names and a	addresses of its directors and	· -	(Attach rider if necessary) ling number, street, zip code)
Edward J, G.	wthier Director	1332 Swith	Street, Providence RI,
	Director		05411
	Director	•••••	
Edward J C	President	1332 Swith S	T.N. Subject Providence, R.I.
	Vice Preside		05411
	Secretary		
	Treasurer	· · · · · · · · · · · · · · · · · · ·	
SEVENTH: Number of	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1 000	Common	PAID	No bar
Еіднтн: Number of	Shares issued:	FEB 1 3 1989	Par Value
No. of Shares		C'Y OF STATE	or statement that shares are without
(000)	Common	Series	No By N
Dated February	(Name of Corporation)	Gouthier Min. Inc
		y Eduad J.	
(Report must be sig	ned by an officer)	itle President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10041	Annual Report for the year
FIRST: The name of the corporation is	EDWARD 1. GADTHIER, M.O INC.
Second: It is incorporated under the law	s of Shode Island
THIRD: Character of business, briefly stat	ed, is Medical Services
FOURTH: If foreign corporation, address	of its principal office.
FIFTH: Business address in Rhode Island	1332 Smith Street
	Providence, R.I.
SIXTH: Names and addresses of its director	
Edward J. Gauthier Direct	tor 1332 Smith street, Providence, 18. I,
Direc	etor
Direc	ctor
Edward T. Gasthiev President	, *.
	President
Secre	•
Treas	urer
Seventh: Number of Shares authorized:	Par Value or statement that
No. of Shares Class	Series shares are without par value
1000 Comma	No bec
	PAID
Eіднтн: Number of Shares issued:	MAR 0 2 1988 Par Value or statement that
No. of Shares Class	SECY OF STATE shares are without par value
1000 Common	No ber
Dated February 21 1988	Edward J. Gasthier, M.D. Inc. (Name of Corporation)
	By Elward J. Bauttier, Mis
(Report must be signed by an officer)	Title Resident

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID10041		Annual Report for	the year1987
FIRST: The name of	of the corporation isEI	WARD J. GAUTHIER, M.D.,	INC.
SECOND: It is incompared to the second secon	porated under the laws of	Rhode Island	
Third: Character	of business, briefly stated, i	is Medical Serv	ices
	corporation, address of its	s principal office/A	
Fifth: Business ad	dress in Rhode Island		
		street Providence	
SIXTH: Names and	addresses of its directors a		(Attach rider if necessary) g number, street, zip code)
Edward J.	Gauthier Director	1332 Smith s	treet Providence R.I
•••••••••••••••••••••••••••••••••••••••	Director		
	Director		
Faward J 6	sothier President	1332 Swith	Street, Providence KI
•••••	Vice Pres	ident	,
	Secretary		
	Treasurer		
Seventh: Number	of Shares authorized:		Par Value
No. of Shares	Class	SOFAAID MAR	Par Value
1000	Common	IAN 30 1987	emd no for
Еіднтн: Number o	f Shares issued:	SEC'Y OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	common		no bor
Dated January	25 ₁₉ 87	(Name of Corporation)	tier M.D Fnc.
		By Edward &	Dauthier, M.D.
(Report must be s	gned by an officer)	Title Presiden	

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 10041		Anr	nual Report for the	year 1986
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		•		· · · · · · · · · · · · · · · · · · ·
THIRD: Character o	f business, briefly state	d, is medica	l services	
FOURTH: If foreign	corporation, address o	f its principal office		
FIFTH: Business add	ress in Rhode Island			
	addresses of its director		Address (including num	(Attach rider if necessary)
Edward J. Gauth	nier Direct	or1332s	SmithS.treet,.	Providence, R.I
	Direct	or	•••••••••••••••••••••••••••••••••••••••	
	Direct	or	***************************************	
Edward J. Gauth	ierPreside	ent1332S	mith Street.	ProvidenceRI
	Vice P	resident"	••••••	r r
	Secreta	ary <u>Y</u>		it
	Treasu	rer	•••••	et
SEVENTH: Number of No. of Shares	f Shares authorized:			Par Value or statement that shares are without
1000	Class	Se	ries	par value
2000	common			no par
EIGHTH: Number of	Shares issued:	n2/20/86 \$		Par Value or statement that
No. of Shares	Class	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ries	shares are without par value
1000	common	PAID		no par
Dated February 1,	198.6	E CEDWARDJ	GAUTHIER.,M.,.	D.,.INC.
MAR 24 EI	O'T'D WAY	By LLWA	is & Butte	in, wh
(Report must be sig	ned by an officer)	Title Presi	dent	

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

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

		An	nual Report for t	the year198	5
First:	The name of th	ne corporation is			
		RD J. GAUTHIER			
SECOND:	It is incorno	rated under the la	aws of	hode Island	(1),
_	Character of h	usiness, briefly sta	ted is medica	.1 services	
THIRD:	Character of b	usiness, bilerry but	200 4) 15		NATTO
	. To fourier o	orporation, addre	es of its princip	al office	
Fourth	: If foreign c				
Fifth:	Business addr	ess in Rhode Isla			
		th Street, Pro			
		ddresses of its di			
DIXIII.		st include street and			
	Name	Office		Address	
	. Gauthier	Director	1332 Smitl	i St., Provi	dence, RI
:			***************************************		
		President	4		dence RI
***************************************	•	Vice Presiden		•	- 1.

	space is needed,			***************************************	
,		of Shares authori	zed:		Value ment that
No. of S		Class	Series	shares a	ment that re without value
, NO. 01 S	,				
1000		common	•	no	par
		•	· ·		
EIGHT	H: Number of	f Shares issued:	•	or state	Value ement that are without
No. of	Shares	Class	Series		value
1000	ir fill na tr	common	•	по	par
	4		C		
Dated:	לן המירטמפל	19.85	EDWARD J	GAUTHIER,	A.D., INC.
Walan edi	5 F W C		3y Edwar	of Ly Bairt	an in
REC	EIVED MAR	1985/1 "\	litle Preside	nt	
				t 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

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

State of Rhode Island and Providence Plantations Office of the secretary of state

				Ann	ual Report fo	or the year	1984	
First	r: The	name of the	corporation	ı is	EDWARD J.	GAUTHIER,	M.D., INC.	
SECO	ND: I	t is incorporat	ed under t	he lav	ws of Rhoo	de Island		
Тнікі		aracter of busi ul purpose	ness, brief	•	ed, ismed		or and any	
	TH: I			ddres		sipal office		
1		siness address				***************************************	1 11 7	
1.	339	Angell Stre	et, Prov	iden	ce, RI 029	006	***************************************	
Sixte		mes and addr					***************************************	
į		Addresses must in						
İ	Name	, ,	Office			Address		
Edward	1 J. G	authier	Director		1332 Smit	h Street,	Providence	, RI
		**************	Director		****	***************************************		
	<u> </u>	******************************	Director	,		*****************************	*******************************	
Edward	J. G	authier	President	,	1332 Smit	h Street,	Providence	, RI
Edward] J. G	authier	Vice Presi	ident .	1332 Smit	h Street,	Providence	, RI
Edward		authier					Providence	
***************************************			Treasurer		1332 Smit	h Street,	Providence	RI
		e is needed, attac						
1		Number of SI		orized		or a	Par Value Internent that is are without	
	Shares	C	lass		Series		oar value	
1,000		Comm	on			No	par value	
_ (
Eigh	re: N	umber of Sha	res issued	:		OF 8	Par Value	
No. of	Shares	C	lass		Series		s are without par value	
100		Com	mon		3	No pa	ar value	
					 84			
Dated:		bruary 9	19.84		WARD J G		M.D., INC.	
		MAR 1	1984	By	Eliga M ^P re)) duitt sident	tier presid	eut
:			<i>,</i> ,		(Report must	be signed by a	ın 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

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 t	he year1983
FIRST: The name of th	e corporation	is EDWARD J. GAU	THIER, M.D., INC.
-		y stated, is medical	and doctor and any lawful pur
Fourth If foreign co		dress of its principal	
FIFTH: Business addre	ess in Rhode	Island (blank report	s will be mailed to this
address) 339	Angell St.,	Prov., RI 02906	
SIXTH: Names and ad	dresses of its	directors and officer	rs:
(Addresses mu	st include street	and number, if any)	
Name	Office		Address
Edward J. Gauthier	Director	1332 Smith St.,	Prov., RI
i <u>;</u>	Director		
i i	Director		
Edward J. Gauthier		1332 Smith St.,	Prov., RI
Educated 11 Countries	Vice Presi	1000 Cmith Ct	
Edward J. Gauthier		1332 Smith St.,	Prov., RI
Edward J. Gauthier	Treasurer	1332 Smith St.,	
SEVENTH: Number of	•	rized ·	Par Value
No. of Shares	Class	Series	or statement that shares are without
1,000	common	Series	par value no par value
EIGHTH: Number of Sl	nares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
		2 22	
Dated: January 31,	19 83	EDWARD J. GAUTH (Name of Corporation)	_
i		BE Choung	Daullius WD
: :		Title * Preside	nt
1		• • (Report must be	signed by an officer)
If the corporation has c		4 4	

Form #9 must be filed. Please contact Corporation Division for information. 277-3040 FEB 23 1983

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

		MINUAL	KEI OKI		
	: 	OI	רְ		
	EC	WARD J. GAUTHIE	R, MUD., INC.		
amended, t FIRST:	the undersigned of the	corporation here he corporation is	by submits the	General Laws, 1956 following annual rep	port:
	;				
				node Island	
	: The address o			Island isick, RI	
				ich address is	
Four or country	гн: If a foreign under the laws o	n corporation, th	e address of its orporated is	principal office in the	state
Fifth Island, brid	The characte	r of the busines dical doctor an	s in which it is d_any_lawful_p	actually engaged in R urpose.	hode
Sixth	į i	nd respective add Office	resses of its dir	ectors and officers are Address n Street, Providence,):
	:				
	**************************************	Director	***************************************		
	; ; i				
	Gauthier			th Street, Providence	
				th Street, Providence	
	 Gauthier			th Street, Providence	
	Gauthier	Treasurer		th Street, Providence	
				authority to issue, item ries,if any,within a clas	
	ber of ares	Class	Series	Par Value per Sha or Statement tha Shares are withou Par Value	re t it -
1,00	O	common		82 - no par valu	ıe
	· :	66 0	9 1009	77	
	i : :	FEB		729	
			14	Ď∗	

orm 31 11-80

 $\label{eq:Eighth:} \textbf{Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is: \\$

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

Dated January 29, 19 82 EDWARD J. GAUTHIER, M.D., INC.
(NAME OF COMPORATION)

By Seward J. Hutthi

Its President