



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)

1. Corporate ID No. 10041		2. Name of Corporation EDWARD J. GAUTHIER, M.D., INC.			
3. Street Address Principal Business Office 1332 Smith Street		City North Providence		State RI	Zip 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward J. Gauthier MD			Vice President Name Edward J. Gauthier MD		
Street Address 1332 Smith Street			Street Address 1332 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Edward J. Gauthier MD			Treasurer Name Edward J. Gauthier MD		
Street Address 1332 Smith Street			Street Address 1332 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None more			Director Name None more		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	Common	No par

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



File Date **FILED**
Check No. **FEB 28 2005 5852**
By: **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.

Edward J. Gauthier MD 2/25/05
Signature of Officer Date
Edward J. Gauthier MD
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 10041		2. Name of Corporation EDWARD J. GAUTHIER, M.D., INC.			
3. Street Address Principal Business Office 1332 Smith Street		City North Providence		State R.I.	Zip 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward J. Gauthier MD			Vice President Name Edward J. Gauthier MD		
Street Address 1332 Smith Street			Street Address 1332 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Edward J. Gauthier MD			Treasurer Name Edward J. Gauthier MD		
Street Address 1332 Smith Street			Street Address 1332 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State R.I.	Zip 02911
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None more			Director Name None more		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000	Common	No par

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



* 1 0 0 4 1 *

File Date 2/24/04
Check No. 5529
By: 81

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.

Edward J. Gauthier MD 2/21/04
Signature of Officer Date
Edward J. Gauthier M.D.
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

10041

2. Name of Corporation

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

3. Street Address Principal Business Office

1332 Smith Street

City

North Providence

State

RI

Zip

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

President Name

Edward J. Gauthier MD

Vice President Name

Edward J. Gauthier MD

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City

North Providence

State

RI

Zip

02911

City

North Providence

State

RI

Zip

02911

Secretary Name

Edward J. Gauthier, MD

Treasurer Name

Edward J. Gauthier MD

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City

North Providence

State

RI

Zip

02911

City

North Providence

State

RI

Zip

02911

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None more

Director Name

None more

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

No par

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



* 1 0 0 4 1 *

File Date: 2/25/03

Check No.: 5768

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.

Edward J. Gauthier MD 2/23/03
Signature of Officer Date

Edward J. Gauthier MD
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

10041

2. Name of Corporation

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

3. Street Address Principal Business Office

1332 Smith Street

City

North Providence

State

R.I.

Zip

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

President Name

Edward J. Gauthier, M.D.

Vice President Name

Edward J. Gauthier MD

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City North Providence State R.I. Zip 02911

City North Providence State R.I. Zip 02911

Secretary Name

Edward J. Gauthier, MD

Treasurer Name

Edward J. Gauthier MD

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City North Providence State RI Zip 02911

City North Providence State RI Zip 02911

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

Director Name

Edward J. Gauthier, M.D.

Director Name

None more

Street Address

1332 Smith Street

Street Address

City North Providence State RI Zip 02911

City State Zip

Director Name

None more

Director Name

None more

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

No Par

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



* 1 0 0 4 1 *

File Date: 2/12/02

Check No.: 4738

By: ES

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.

Edward J. Gauthier MD 2/9/02

Signature of Officer

Date

Edward J. Gauthier, M.D.

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 10041 2. Name of Corporation EDWARD J. GAUTHIER, M.D., INC.

3. Street Address Principal Business Office 1332 Smith Street City North Providence State R.I. Zip 02911

4. Business Phone No. 401-273-5277 5. State of Incorporation RHODE ISLAND 6. SIC Code 8299

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.
Street Address 1332 Smith Street
City North Providence State R.I. Zip 02911

Vice President Name Edward J. Gauthier MD
Street Address 1332 Smith Street
City North Providence State R.I. Zip 02911

Secretary Name Edward J. Gauthier, M.D.
Street Address 1332 Smith Street
City North Providence State R.I. Zip 02911

Treasurer Name Edward J. Gauthier, M.D.
Street Address 1332 Smith Street
City North Providence State R.I. Zip 02911

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

Director Name Edward J. Gauthier, M.D.
Street Address 1332 Smith Street
City North Providence State R.I. Zip 02911

Director Name None more
Street Address
City State Zip

Director Name None more
Street Address
City State Zip

Director Name None more
Street Address
City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000 SHS	NO PAR	VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	common	NO PAR

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



* 1 0 0 4 1 *

File Date: 2/21

Check No.: 4310

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.

Edward J. Gauthier MD 2/16/01

Signature of Officer Date

Edward J. Gauthier, M.D.

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 10041 2. Name of Corporation EDWARD J. GAUTHIER, M.D., INC.
3. Street Address Principal Business Office 1332 Smith Street City North Providence State RI Zip 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

President Name <u>Edward J. Gauthier, MD.</u>	Vice President Name <u>Edward J. Gauthier MD</u>
Street Address <u>1332 Smith Street</u>	Street Address <u>1332 Smith Street</u>
City <u>North Providence</u> State <u>RI</u> Zip <u>02911</u>	City <u>North Providence</u> State <u>RI</u> Zip <u>02911</u>
Secretary Name <u>Edward J. Gauthier MD</u>	Treasurer Name <u>Edward J. Gauthier MD</u>
Street Address <u>1332 Smith Street</u>	Street Address <u>1332 Smith Street</u>
City <u>North Providence</u> State <u>RI</u> Zip <u>02911</u>	City <u>North Providence</u> State <u>RI</u> Zip <u>02911</u>

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

Director Name <u>Edward J. Gauthier, MD.</u>	Director Name <u>None more</u>
Street Address <u>1332 Smith Street</u>	Street Address
City <u>North Providence</u> State <u>RI</u> Zip <u>02911</u>	City State Zip
Director Name <u>None more</u>	Director Name <u>None more</u>
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
<u>1000 SHS NO PAR VAL</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>No Par</u>

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



* 1 0 0 4 1 *

File Date: 2/22/00
3905
Check No.: 26
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.

Edward J. Gauthier MD 2/19/00
Signature of Officer Date
Edward J. Gauthier MD
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 10041		2. Name of Corporation EDWARD J. GAUTHIER, M.D., INC.		
3. Street Address Principal Business Office 1332 Smith Street		City North Providence	State R.I.	Zip 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Edward J. Gauthier MD		Vice President Name Edward J. Gauthier MD		
Street Address 1332 Smith Street		Street Address 1332 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI
Secretary Name Edward J. Gauthier MD		Treasurer Name Edward J. Gauthier MD		
Street Address 1332 Smith Street		Street Address 1332 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Edward J. Gauthier MD		Director Name None more		
Street Address 1332 Smith Street		Street Address		
City North Providence	State RI	Zip 02911	City	State
Director Name None more		Director Name None more		
Street Address		Street Address		
City	State	Zip	City	State
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
1000 SHS NO PAR VAL			1000	Common
				No par

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



* 1 0 0 4 1 *

File Date: **Feb 26, 99**

Check No.: **3473**

By: **JD**

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.

Edward J. Gauthier MD **2/25/99**
Signature of Officer Date
Edward J. Gauthier MD
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
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. Street Principal Business Office **EDWARD J. GAUTHIER, M.D., INC.** City

State

Zip

4. Business Phone No. **1332 Smith Street** North Prov. R.I. **02911**

5. State of Incorporation

6. SIC Code

273-5277

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

9217

Primary Medical Services

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

President Name

Edward J. Gauthier, M.D.

Vice President Name

Edward J. Gauthier, M.D.

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City

State

Zip

North Prov.

R.I.

02911

City

State

Zip

North Prov.

R.I.

02911

Secretary Name

Edward J. Gauthier, M.D.

Treasurer Name

Edward J. Gauthier, M.D.

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City

State

Zip

North Prov.

R.I.

02911

City

State

Zip

North Prov.

R.I.

02911

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

Director Name

Edward J. Gauthier, M.D.

Director Name

None Other

Street Address

1332 Smith Street

Street Address

City

State

Zip

North Prov.

R.I.

02911

City

State

Zip

Director Name

None Other

Director Name

None Other

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

1000 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

no par value

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



File Date: **2-24-98**

Check No.: **2907**

By: **ICP**

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.

Edward J. Gauthier M.D. **2-22-98**
Signature of Officer Date

Edward J. Gauthier, M.D.
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

10041

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

3. Street Address Principal Business Office

1332 Smith Street

City

North Providence R.I.

State

Zip

02911

4. Business Phone No.

273-5277

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

Primary Medical Services

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

President Name

Edward J. Gauthier, M.D.

Vice President Name

Edward J. Gauthier M.D.

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City

North Providence R.I.

State

Zip

02911

City

North Providence R.I.

State

Zip

02911

Secretary Name

Edward J. Gauthier, M.D.

Treasurer Name

Edward J. Gauthier M.D.

Street Address

1332 Smith Street

Street Address

1332 Smith Street

City

North Providence R.I.

State

Zip

02911

City

North Providence R.I.

State

Zip

02911

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

Director Name

Edward J. Gauthier M.D.

Director Name

None other

Street Address

1332 Smith Street

Street Address

City

North Providence R.I.

State

Zip

02911

City

State

Zip

Director Name

None other

Director Name

None other

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 SHS NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

no par value

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



* 1 0 0 4 1 *

File Date: 2/24/97

Check No.: 2317

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.

Edward J. Gauthier, M.D. 2/21/97
Signature of Officer Date

Edward J. Gauthier M.D.
Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 10041		2. NAME OF CORPORATION EDWARD J. GAUTHIER, M.D., INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1332 Smith Street		CITY North Providence	STATE RI
4. BUSINESS PHONE NO. 273-5277		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Primary Medical Services

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Edward J. Gauthier, M.D.		VICE PRESIDENT NAME Edward J. Gauthier, M.D.	
STREET ADDRESS 1332 Smith Street		STREET ADDRESS 1332 Smith Street	
CITY North Providence	STATE RI	CITY North Providence	STATE RI
ZIP CODE 02911		ZIP CODE 02911	
SECRETARY NAME Edward J. Gauthier, M.D.		TREASURER NAME Edward J. Gauthier M.D.	
STREET ADDRESS 1332 Smith Street		STREET ADDRESS 1332 Smith Street	
CITY North Providence	STATE RI	CITY North Providence	STATE RI
ZIP CODE 02911		ZIP CODE 02911	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Edward J. Gauthier, M.D.		DIRECTOR NAME	
STREET ADDRESS 1332 Smith Street		STREET ADDRESS	
CITY North Providence	STATE RI	CITY	STATE
ZIP CODE 02911		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		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
1000 SHS	NO PAR VAL		100		no par value

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

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

File Date:

2/20/96

Check No:

1736

By:

CS/UP

For Secretary of State Use Only

Edward J. Gauthier M.D.
Signature of Officer

Edward J. Gauthier M.D.
Print or Type Name of Officer

President

Title of Officer

2/17/96

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: 0010041 Annual Report for the year: 1995

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

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

Medical Services

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1332 Smith Street
North Providence, R.I.
02911

Phone: (401) 273-5277

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Edward J. Gauthier M.D.</u>	<u>1332 Smith St. North Prov. RI</u>	<u>02911</u>
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Edward J. Gauthier</u>	<u>1332 Smith St.</u>	<u>North Prov. RI</u>	<u>02911</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>1000</u>	<u>Common</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>1000</u>	<u>Common no par</u>

Date February 26, 19 95

By: Edward J. Gauthier, M.D.

Edward J. Gauthier M.D.

PRINT OR TYPE NAME OF OFFICER SIGNING

President

Form 31 1/95

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.

EDWARD J. GAUTHIER
1332 SMITH STREET
PROVIDENCE RI 02911

FILED

FEB 28 1995

By cc 1178

Filing Fee \$50.00
Payable to:
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

Corporate ID: 0010041 Annual Report for the year: 1994

Name of Business Entity: EDWARD J. GAUTHIER, 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):

Edward J. Gauthier MD Inc
1332 Smith Street
North Providence, R.I. 02911

Phone: (401) 273-5277

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:

Edward J. Gauthier, M.D.
President / owner / physician
1332 Smith Street
North Providence, R.I. 02911

Brief statement of the character of business conducted in Rhode Island:

General medical services

Date of Organization: Sept 1981 10/19/81

Date of Qualification to do business in Rhode Island (if foreign entity): EJG Rem

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)	<u>Edward J. Gauthier MD 1332 Smith Street</u>	<u>North Providence RI</u>	<u>02911</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)			
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Edward J. Gauthier MD</u>	<u>1332 Smith Street</u>	<u>North Providence RI</u>	<u>02911</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1000</u>	NUMBER <u>1000</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>no par</u>	PAR VALUE OR WITHOUT PAR <u>no par</u>

Date 2/14, 19 94

By: Edward J. Gauthier MD
Edward J. Gauthier M.D.
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

EDWARD J. GAUTHIER
1332 SMITH STREET
PROVIDENCE RI 02911

FILED
FEB 16 1994
Rem CKC09

Filing Fee \$50.00

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

61559B
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0010041..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....EDWARD J. GAUTHIER, M.D., INC.....

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

THIRD: Character of business, briefly stated, is.....Medical Services.....

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

N/A

FIFTH: Business address in Rhode Island.....

1332 Smith Street N. Providence, R.I. 02911

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier Director 1332 Smith Street N. Providence RI 02911

Director

Director

President

Edward J. Gauthier

1332 Smith Street N. Providence RI

02911

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

PAID

no par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

FEB 23 1993
SECY OF STATE

no par

Dated.....February 21..... 19 93

Edward J. Gauthier, M.D. Inc.
(Name of Corporation)

By.....Edward J. Gauthier, M.D.

Title.....President

(Report must be signed by an officer)

Filing Fee \$50.00

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

CC# 5662
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0010041 Annual Report for the year 1992

FIRST: The name of the corporation is EDWARD J. GAUTHIER, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island 1332 Smith Street

M. Providence R.I.

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier Director

1332 Smith Street Providence, R.I.

Director

Director

Edward J. Gauthier President

1332 Smith Street, N Providence, 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

1000

Common

NO PAR

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

NO PAR

Rec'd & Filed FEB 24 1992

Dated February 21 1992

Edward J. Gauthier MD Inc.

(Name of Corporation)

By Edward J. Gauthier M.D.

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 0010041 *HC* Annual Report for the year 1991

FIRST: The name of the corporation is EDWARD J. GAUTHIER, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island 1332 Smith Street

Providence, R.I.

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier

Director

1332 Smith Street, Providence RI

Director

Director

Edward J. Gauthier

President

1332 Smith Street, Providence 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

1000

Common

no par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

no par

PAID

FEB 11 1991

Series

1000 OF 1000

Dated February 6 19 91

Edward J. Gauthier M.D.
(Name of Corporation)

By Edward J. Gauthier, M.D.

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903AT *CR*Corporate ID 0010041Annual Report for the year 1990FIRST: The name of the corporation is EDWARD J. GAUTHIER, M.D., INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office

N/AFIFTH: Business address in Rhode Island 1332 Smith StreetProvidence, R.I.

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier Director 1332 Smith Street Providence RI

Director

Director

Edward J. Gauthier President 1332 Smith Street Providence, 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 value1000Commonno par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value1000Commonno parDated February 11, 1990Edward J. Gauthier MD Inc.
(Name of Corporation)By Edward J. Gauthier, M.D.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

Jds

Corporate ID 0010041 Annual Report for the year 1989

FIRST: The name of the corporation is EDWARD J. GAUTHIER, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

1332 Smith Street Providence, R.I. 02911

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier

Director

1332 Smith Street, Providence R.I.
02911

Director

Director

Edward J. Gauthier

President

1332 Smith Street Providence, R.I.
02911

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

PAID

no par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

SEC'Y OF STATE

no par

Dated February 10 19 89

Edward J. Gauthier M.D. Inc.

(Name of Corporation)

By Edward J. Gauthier M.D.

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
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

D. 44

Corporate ID 10041

Annual Report for the year 1988

FIRST: The name of the corporation is EDWARD J. GAUTHIER, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Services

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island 1332 Smith Street

Providence, R.I.

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

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier Director

1332 Smith Street, Providence, R.I.

Director

Director

Edward J. Gauthier President

1332 Smith Street, Providence, 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

1000

Common

no par

PAID

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

no par

MAR 02 1988

SEC'Y OF STATE

Dated February 21 1988

Edward J. Gauthier, M.D., Inc.
(Name of Corporation)

By Edward J. Gauthier, M.D.

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
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....10041..... Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....EDWARD J. GAUTHIER, M.D., INC.....

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

THIRD: Character of business, briefly stated, is.....Medical Services.....

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

N/A

FIFTH: Business address in Rhode Island.....

1332 Smith Street, Providence, R.I.

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier Director

1332 Smith Street, Providence R.I.

Director

Director

Edward J Gauthier President

1332 Smith Street, Providence 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

1000

Common

PAID MAR 27 1987
JAN 30 1987
no par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

common

no par

Dated January 25 19 87

Edward J. Gauthier, M.D. Inc.
(Name of Corporation)

By Edward J. Gauthier, M.D.

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
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 10041 Annual Report for the year 1986

FIRST: The name of the corporation is EDWARD J. GAUTHIER, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical services

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

1332 Smith Street, Providence, R.I.

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Edward J. Gauthier Director 1332 Smith Street, Providence, R.I.

Director

Director

Edward J. Gauthier President 1332 Smith Street, Providence, 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

1000

common

no par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

common

no par

Dated February 1, 19 86.

MAR 24 ENT'D

(Report must be signed by an officer)

EDWARD J. GAUTHIER, M.D., INC.
(Name of Corporation)

By Edward J. Gauthier, M.D.

Title 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 for the year 1985

FIRST: The name of the corporation is

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

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical services

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1332 Smith Street, Providence, RI 02911

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Edward J. Gauthier	Director	1332 Smith St., Providence, RI
	Director	
	Director	
Edward J. Gauthier	President	1332 Smith St., Providence, RI
"	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
1000	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

Dated: January 15, 1985

EDWARD J. GAUTHIER, M.D., INC.
(Name of Corporation)

RECEIVED MAR

1985

By: Edward J. Gauthier M.D.

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

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

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical doctor and any
lawful purpose

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

339 Angell Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Edward J. Gauthier	Director	1332 Smith Street, Providence, RI
	Director	
	Director	
Edward J. Gauthier	President	1332 Smith Street, Providence, RI
Edward J. Gauthier	Vice President	1332 Smith Street, Providence, RI
Edward J. Gauthier	Secretary	1332 Smith Street, Providence, RI
Edward J. Gauthier	Treasurer	1332 Smith Street, Providence, RI

(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
1,000	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	3	No par value
		1	
		84	

Dated: February 9 1984

EDWARD J. GAUTHIER, M.D., INC.
(Name of Corporation)

MAR 1 1984

By: Edward J. Gauthier president

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

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

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medical doctor and any lawful purpose.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 339 Angell St., Prov., RI 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Edward J. Gauthier	Director	1332 Smith St., Prov., RI
	Director	
	Director	
Edward J. Gauthier	President	1332 Smith St., Prov., RI
Edward J. Gauthier	Vice President	1332 Smith St., Prov., RI
Edward J. Gauthier	Secretary	1332 Smith St., Prov., RI
Edward J. Gauthier	Treasurer	1332 Smith St., Prov., RI

(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
1,000	common		no par value

EIGHTH: Number of Shares issued:

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

Dated: January 31, 1983

2
23
83

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

(Name of Corporation)

By Edward J. Gauthier M.D.

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 23 1983

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

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

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
67 Jefferson Blvd., Warwick, RI

and the name of its registered agent in Rhode Island at such address is
Stephen A. Gordon

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
n/a

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is medical doctor and any lawful purpose.

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

Name	Office	Address
Edward J. Gauthier	Director	1332 Smith Street, Providence, RI
	Director	
	Director	
	Director	
	Director	
	Director	
Edward J. Gauthier	President	1332 Smith Street, Providence, RI
Edward J. Gauthier	Vice President	1332 Smith Street, Providence, RI
Edward J. Gauthier	Secretary	1332 Smith Street, Providence, RI
Edward J. Gauthier	Treasurer	1332 Smith Street, Providence, RI

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	2 - 3 82	Par Value per Share or Statement that Shares are without Par Value
1,000	common			no par value

FEB 3 1982

R

7729A14...150081

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>
-----------------------------	--------------	---------------	---

Dated January 29, 19 82

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

(NAME OF CORPORATION)

EJG
By

Edward J. Gauthier, M.D.

Its President