



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

|  |              |  |   |              |                     |
|--|--------------|--|---|--------------|---------------------|
| 1. Corporate ID No.<br>105447  |              | 2. Name of Corporation<br>Ezra L. Galler, M.D., Ltd. |   |              |                     |
| 3. Street Address Principal Business Office<br>333 SCHOOL STREET   |              |  | City<br>PAWTUCKET                           | State<br>RI  | Zip<br>02860-       |
| 4. Business Phone No.<br>4017281400  |              | 5. State of Incorporation<br>RHODE ISLAND            |   |              | 6. SIC Code<br>9217 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO CONDUCT AN OPHTHALMIC MEDICINE PRACTICE WHICH INCLUDES WITHOUT LIMITATION, REFRACTIVE SURGERY, LASER VISION CORRECTION, EYE EXAMINATIONS AND OTHER OTHER INCIDENTS OF AN OPHTHAMOLOGY PRACTICE.<br>8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |   |              |                     |
| President Name<br>Ezra L. Galler, M.D.   |              |  | Vice President Name<br>Ezra L. Galler, M.D. |              |                     |
| Street Address<br>29 Dunbar Street   |              |  | Street Address<br>29 Dunbar Street          |              |                     |
| City<br>Sharon   | State<br>MA  | Zip<br>02067   | City<br>Sharon                              | State<br>MA  | Zip<br>02067        |
| Secretary Name<br>Ezra L. Galler, M.D.   |              |  | Treasurer Name<br>Ezra L. Galler, M.D.      |              |                     |
| Street Address<br>29 Dunbar Street   |              |  | Street Address<br>29 Dunbar Street          |              |                     |
| City<br>Sharon   | State<br>MA  | Zip<br>02067   | City<br>Sharon                              | State<br>MA  | Zip<br>02067        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |   |              |                     |
| Director Name<br>Ezra L. Galler, M.D.  |              |  | Director Name                               |              |                     |
| Street Address<br>29 Dunbar Street   |              |  | Street Address                              |              |                     |
| City<br>Sharon   | State<br>MA  | Zip<br>02067   | City  | State        | Zip                 |
| Director Name  |              |  | Director Name                               |              |                     |
| Street Address   |              |  | Street Address                              |              |                     |
| City   | State        | Zip  | City  | State        | Zip                 |
| 10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ( ) 11. SHARES ISSUED (X) BOX FOR ATTACHMENT ( )  |              |  |   |              |                     |
| AUTHORIZED SHARES  |              |  | ISSUED SHARES                               |              |                     |
| Number of Shares   | Class/Series | Par Value  | Number of Shares                            | Class/Series | Par Value           |
| 10,000 NO PAR VALUE  |              |  | 100   | common       | no par value        |

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



1 0 5 4 4 7

\*105447,DBC.12/30/03,FILED 3 PM\*  
File Date MAR 15 2005  
Check No. By 165  
By: 165  
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

Ezra L. Galler, M.D.

Print or Type Name of Officer

President

Title of Officer

Date



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

|   |              |  |                   |              |                     |
|---|--------------|--|-------------------|--------------|---------------------|
| 1. Corporate ID No.<br>105447   |              | 2. Name of Corporation<br>Ezra L. Galler, M.D., Ltd. |                   |              |                     |
| 3. Street Address Principal Business Office<br>333 SCHOOL STREET  |              |  | City<br>PAWTUCKET | State<br>RI  | Zip<br>02860-       |
| 4. Business Phone No.<br>4017281400   |              | 5. State of Incorporation<br>RHODE ISLAND            |                   |              | 6. SIC Code<br>9217 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO CONDUCT AN OPHTHALMIC MEDICINE PRACTICE WHICH INCLUDES WITHOUT LIMITATION, REFRACTIVE SURGERY, LASER VISION CORRECTION, EYE EXAMINATIONS AND OTHER INCIDENTS OF AN OPHTHAMOLOGY PRACTICE. |              |  |                   |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |                   |              |                     |
| President Name<br>Ezra L. Galler, M.D.  |              | Vice President Name<br>Ezra L. Galler, M.D.          |                   |              |                     |
| Street Address<br>29 Dunbar Street  |              | Street Address<br>29 Dunbar Street                   |                   |              |                     |
| City<br>Sharon  | State<br>MA  | Zip<br>02067   | City<br>Sharon    | State<br>MA  | Zip<br>02067        |
| Secretary Name<br>Ezra L. Galler, M.D.  |              | Treasurer Name<br>Ezra L. Galler, M.D.               |                   |              |                     |
| Street Address<br>29 Dunbar Street  |              | Street Address<br>29 Dunbar Street                   |                   |              |                     |
| City<br>Sharon  | State<br>MA  | Zip<br>02067   | City<br>Sharon    | State<br>MA  | Zip<br>02067        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |                   |              |                     |
| Director Name<br>Ezra L. Galler, M.D.   |              | Director Name  |                   |              |                     |
| Street Address<br>29 Dunbar Street  |              | Street Address                                       |                   |              |                     |
| City<br>Sharon  | State<br>MA  | Zip<br>02067   | 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           |
| 10,000 NO PAR VALUE   |              |  | 100               | common       | no par value        |

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



1 0 5 4 4 7

\*105447 DBC 12/30/03 02:51:18 PM\*  
File Date 2-10-04  
Check No. 1883  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/1/04  
Signature of Officer Date  
Ezra L. Galler, M.D.  
Print or Type Name of Officer  
President  
Title of Officer  
Form 630 12/01



**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 3640

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

FORM MUST BE TYPED IN BLACK

|  |  |             |                     |
|--|--|-------------|---------------------|
| 1. Corporate ID No.<br>*105447*                                  | 2. Name of Corporation<br>Ezra L. Galler, M.D., Ltd. |             |                     |
| 3. Street Address Principal Business Office<br>233 SCHOOL STREET | City<br>PAWTUCKET                                    | State<br>RI | Zip<br>02860-       |
| 4. Business Phone No<br>4017281400                               | 5. State of Incorporation<br>RHODE ISLAND            |             | 6. SIC Code<br>9217 |

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO CONDUCT AN OPHTHALMIC MEDICINE PRACTICE WHICH INCLUDES WITHOUT LIMITATION, REFRACTIVE SURGERY, LASER VISION CORRECTION, EYE EXAMINATIONS AND OTHER OTHER INCIDENTS OF AN OPHTHAMOLOGY PRACTICE.

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

|  |             |              |   |             |              |
|--|-------------|--------------|---|-------------|--------------|
| President Name<br>Ezra L. Galler, M.D. |             |              | Vice President Name<br>Ezra L. Galler, M.D. |             |              |
| Street Address<br>29 Dunbar Street     |             |              | Street Address<br>29 Dunbar Street          |             |              |
| City<br>Sharon                         | State<br>MA | Zip<br>02067 | City<br>Sharon                              | State<br>MA | Zip<br>02067 |
| Secretary Name<br>Ezra L. Galler, M.D. |             |              | Treasurer Name<br>Ezra L. Galler, M.D.      |             |              |
| Street Address<br>29 Dunbar Street     |             |              | Street Address<br>29 Dunbar Street          |             |              |
| City<br>Sharon                         | State<br>MA | Zip<br>02067 | City<br>Sharon                              | State<br>MA | Zip<br>02067 |

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

|                                       |             |              |                |       |     |
|---------------------------------------|-------------|--------------|----------------|-------|-----|
| Director Name<br>Ezra L. Galler, M.D. |             |              | Director Name  |       |     |
| Street Address<br>29 Dunbar Street    |             |              | Street Address |       |     |
| City<br>Sharon                        | State<br>MA | Zip<br>02067 | 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    |
| 10,000 NO PAR VALUE   |              |           | 100   | common       | no par value |

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



\*105447 DBC2/21/036:11:07 PM\*

File Date 9/15/03

Check No. 5136

By DA

FOR SECRETARY OF STATE USE ONLY

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

Ezra L. Galler 9/5/03

Signature of Officer Date

Ezra L. Galler, M.D.

Print or Type Name of Officer

President

Title of Officer

Form 630 (2003)



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 02903-1333  
401-222-3044

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

2. Name of Corporation

105447

Ezra L. Galler, M.D., Ltd.

3. Street Address Principal Business Office

333 School Street, Suite 301

City

State

Zip

Pawtucket

RI

02860

4. Business Phone No.

(401) 728-1400

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

ophthalmic medical practice

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Ezra L. Galler, M.D.

Vice President Name

Ezra L. Galler, M.D.

Street Address

29 Dunbar Street

City

State

Zip

Sharon

MA

02067

Secretary Name

Ezra L. Galler, M.D.

Street Address

29 Dunbar Street

City

State

Zip

Sharon

MA

02067

Director Name

Ezra L. Galler, M.D.

Street Address

29 Dunbar Street

City

State

Zip

Sharon

MA

02067

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

10,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

no par value

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



\* 1 0 5 4 4 7 \*

File Date:

4-25-02

Check No.:

1691

By:

*[Signature]*

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Ezra L. Galler, M.D.

Date

Print or Type Name of Officer

President



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. 105447 2. Name of Corporation Ezra L. Galler, M.D., Ltd.  
3. Street Address Principal Business Office 690 Eddy Street City Providence State RI Zip 02903  
4. Business Phone No. (401) 274-5844 5. State of Incorporation Rhode Island 6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island  
*Ophthalmology medical practice*

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

President Name Ezra L. Galler, M.D. Vice President Name Ezra L. Galler, M.D.  
Street Address 29 Dunbar Street Street Address 29 Dunbar Street  
City Sharon State MA Zip 02067 City Sharon State MA Zip 02067  
Secretary Name Ezra L. Galler, M.D. Treasurer Name Ezra L. Galler, M.D.  
Street Address 29 Dunbar Street Street Address 29 Dunbar Street  
City Sharon State MA Zip 02067 City Sharon State MA Zip 02067

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

Director Name Ezra L. Galler, M.D. Director Name  
Street Address 29 Dunbar Street Street Address  
City Sharon State MA Zip 02067 City State Zip  
Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
10,000 common no Par Value

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 common no par value

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

FILED

File Date: MAR 09 2001

Check No.: By *W. H. 3*

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.

*Ezra L. Galler* 3/8/01  
Signature of Officer Date

Ezra L. Galler, M.D.

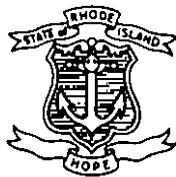
Print or Type Name of Officer

President

Title of Officer

Filing Fee: \$20.00

ID Number: 105447



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**BUSINESS CORPORATION**

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH, BY THE CORPORATION**

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the state of Rhode Island:

1. The name of the corporation is Ezra L. Galler, M.D., Ltd.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  
123 Dyer Street, Providence, RI 02903
3. The address of the NEW registered office is:  
86 Weybosset Street, Providence, RI 02903
4. The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:  
CT Corporation System
5. The name of the NEW registered agent is:  
Gini Spaziano
6. The change of address of the registered office, or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the filing of this statement, or on upon filing  
(a date not prior to, nor more than 30 days after, filing this statement)
7. The change was authorized by resolution duly adopted by its board of directors.

Date: 3/5/01

**FILED**

Ezra L. Galler, M.D., Ltd.

Print Corporate Name

**MAR 09 2001**

By 03743 260084

By

[Signature]  
Its President ☒ or Its Vice President ☐

STATE OF RHODE ISLAND  
COUNTY OF PROVIDENCE

In Providence, on this 5<sup>th</sup> day of March, 2001, personally appeared before me Ezra L. Galler who, being by me first duly sworn, declared that he/she is the President of the corporation and that he/she signed the foregoing document as such officer of the corporation; and that the statements herein contained are true.

NOTARY PUBLIC  
STATE OF RHODE ISLAND  
COMMISSION EXPIRES 03/10/03

[Signature]  
Notary Public

My Commission Expires: 4/10/03



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. 105447 2. Name of Corporation Ezra L. Galler, M.D., Ltd.  
3. Street Address Principal Business Office 690 Eddy Street City Providence State RI Zip 02903  
4. Business Phone No. (401) 274-5844 5. State of Incorporation Rhode Island 6. SIC Code 9217  
7. Brief Description of the Character of Business Conducted in Rhode Island Ophthalmic medical practice including, without limitation, refractive surgery, laser vision correction, eye examinations, and other incidents of an ophthalmology practice.

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

|                      |                      |
|----------------------|----------------------|
| President Name       | Vice President Name  |
| Ezra L. Galler, M.D. | Ezra L. Galler, M.D. |
| Street Address       | Street Address       |
| 29 Dunbar Street     | 29 Dunbar Street     |
| City State Zip       | City State Zip       |
| Sharon MA 02067      | Sharon MA 02067      |
| Secretary Name       | Treasurer Name       |
| Ezra L. Galler, M.D. | Ezra L. Galler, M.D. |
| Street Address       | Street Address       |
| 29 Dunbar Street     | 29 Dunbar Street     |
| City State Zip       | City State Zip       |
| Sharon MA 02067      | Sharon MA 02067      |

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

|                      |                |
|----------------------|----------------|
| Director Name        | Director Name  |
| Ezra L. Galler, M.D. |                |
| Street Address       | Street Address |
| 29 Dunbar Street     |                |
| City State Zip       | City State Zip |
| Sharon MA 02067      |                |
| 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 |
| 10,000            | common       | none      |

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

| ISSUED SHARES    |              |           |
|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 100              | common       | none      |

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

**FILED**

MAR 09 2001

File Date: By 002443

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Ezra L. Galler Date 3/5/01

Print or Type Name of Officer Ezra L. Galler, M.D.

Title of Officer President