



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. 86647		2. Name of Corporation William S. Buonanno, M.D., Inc.			
3. Street Address Principal Business Office 35 SOCKANOSSETT CROSSROAD		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 4019445096		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN AND RENDER PROFESSIONAL ORTHOPAEDIC AND OTHER MEDICAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William S. Buonanno, MD		Vice President Name William S. Buonanno, MD			
Street Address 35 SOCKANOSSETT CROSSROAD		Street Address 35 SOCKANOSSETT CROSSROAD			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name William S. Buonanno, MD		Treasurer Name William S. Buonanno, MD			
Street Address 35 SOCKANOSSETT CROSSROAD		Street Address 35 SOCKANOSSETT CROSSROAD			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William S. Buonanno, MD		Director Name			
Street Address 35 SOCKANOSSETT CROSSROAD		Street Address			
City CRANSTON	State RI	Zip 02920	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
4,000 NO PAR VALUE			100	Common	No Par

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



8 6 6 4 7

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

William S. Buonanno, MD

Print or Type Name of Officer

President

Title of Officer

86647 DBC 04/05/05 01:52:25 PM

File Date

FILED

Check No.

APR 28 2005

By

By

CB

FOR SECRETARY OF STATE USE ONLY



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. 86647		2. Name of Corporation William S. Buonanno, M.D., Inc.			
3. Street Address Principal Business Office 35 SOCKANOSETT CROSSROAD			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-944-5096		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN AND RENDER PROFESSIONAL Orthopedic AND OTHER MEDICAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William S. Buonanno, MD			Vice President Name William S. Buonanno, MD		
Street Address 35 Sockanosett Crossroad			Street Address 35 Sockanosett Crossroad		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name William S. Buonanno, MD			Treasurer Name William S. Buonanno, MD		
Street Address 35 Sockanosett Crossroad			Street Address 35 Sockanosett Crossroad		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William S. Buonanno, MD			Director Name		
Street Address 35 Sockanosett Crossroad			Street Address		
City Cranston	State RI	Zip 02920	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					
Number of Shares		Class/Series	Par Value		
4000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
100		Common	No Par		

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



8 6 6 4 7

86647 DBC 12/30/03 09:40:21 AM

File Date 1-21-04

Check No. 5809

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

William S. Buonanno, MD

Print or Type Name of Officer

President



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. **86647** 2. Name of Corporation **William S. Buonanno, M.D., Inc.**

3. Street Address Principal Business Office **35 Sockanosett Crossroad** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-5096** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

Professional orthopedic and other medical services.

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

President Name

William S. Buonanno, MD

Street Address

35 Sockanosett Crossroad

City **Cranston** State **RI** Zip **02920**

Secretary Name

William S. Buonanno, MD

Street Address

35 Sockanosett Crossroad

City **Cranston** State **RI** Zip **02920**

Vice President Name

William S. Buonanno, MD

Street Address

35 Sockanosett Crossroad

City **Cranston** State **RI** Zip **02920**

Treasurer Name

William S. Buonanno, MD

Street Address

35 Sockanosett Crossroad

City **Cranston** State **RI** Zip **02920**

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

Director Name

William S. Buonanno, MD

Street Address

35 Sockanosett Crossroad

City **Cranston** State **RI** Zip **02920**

Director Name

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

4,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common NO PAR

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



* 8 6 6 4 7 *

File Date: 1-15-03

Check No.: 5086

By: WBP

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

William S. Buonanno, MD

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



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. **86647** 2. Name of Corporation **William S. Buonanno, M.D., Inc.**

3. Street Address Principal Business Office **35 Sockanosett Crossroad** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-5096** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Professional orthopedic and other medical services

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

President Name William S. Buonanno, MD	Vice President Name William S. Buonanno, MD
Street Address 35 Sockanosett Crossroad	Street Address 35 Sockanosett Crossroad
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920
Secretary Name William S. Buonanno, MD	Treasurer Name William S. Buonanno
Street Address 35 Sockanosett Crossroad	Street Address 35 Sockanosett Crossroad
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

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

Director Name William S. Buonanno, MD	Director Name
Street Address 35 Sockanosett Crossroad	Street Address
City State Zip Cranston RI 02920	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
4,000 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par

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



* 8 6 6 4 7 *

File Date: 1/28/02
Check No.: 45605
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 1/9/02
William S. Buonanno, MD
Print or Type Name of Officer

President

Title of Officer

5



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. **86647** 2. Name of Corporation **William S. Buonanno, M.D., Inc.**

3. Street Address Principal Business Office **35 Sockanosett Crossroad** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-5096** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9297**

7. Brief Description of the Character of Business Conducted in Rhode Island
Professional orthopedic and other medical services

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

President Name William S. Buonanno, MD Street Address 35 Sockanosett Crossroad City Cranston State RI Zip 02920	Vice President Name William S. Buonanno, MD Street Address 35 Sockanosett Crossroad City Cranston State RI Zip 02920
Secretary Name William S. Buonanno, MD Street Address 35 Sockanosett Crossroad City Cranston State RI Zip 02920	Treasurer Name William S. Buonanno, MD Street Address 35 Sockanosett Crossroad City Cranston State RI Zip 02920

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

Director Name William S. Buonanno, MD Street Address 35 Sockanosett Crossroad City Cranston State RI Zip 02920	Director Name Street Address City State Zip 1
Director Name Street Address City State Zip 1	Director Name Street Address City State Zip 1

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No par

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



* 8 6 6 4 7 *

File Date: 3-27-01

Check No.: 4128

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 3/15/01

Print or Type Name of Officer Wm. S. BUONANNINO

Title of Officer Pres



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. **86647** 2. Name of Corporation **William S. Buonanno, M.D., Inc.**
3. Street Address Principal Business Office **35 Sockanosett Crossroad** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **944-5096** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Professional orthopaedic and other medical services

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

President Name William S. Buonanno, MD	Vice President Name William S. Buonanno, MD
Street Address 35 Sockanosett Crossroad	Street Address 35 Sockanosett Crossroad
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920
Secretary Name William S. Buonanno, MD	Treasurer Name William S. Buonanno, MD
Street Address 35 Sockanosett Crossroad	Street Address 35 Sockanosett Crossroad
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

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

Director Name William S. Buonanno, MD	Director Name
Street Address 35 Sockanosett Crossroad	Street Address
City Cranston State RI Zip 02920	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
4,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par

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



* 8 6 6 4 7 *

3/8/00

File Date: _____

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
William S. Buonanno, MD

Print or Type Name of Officer
President

Title of Officer

Date
2/24/05



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. 86647		2. Name of Corporation William S. Buonanno, M.D., Inc.	
3. Street Address Principal Business Office 35 Sockanosett Cross Roads		City Cranston	State RI
4. Business Phone No. 944-5096		Zip 02920	6. SIC Code 9217
5. State of Incorporation RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island Professional orthopaedic and other medical services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name William S. Buonanno, MD		Vice President Name William S. Buonanno, MD	
Street Address 175 Summit Drive		Street Address 175 Summit Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name William S. Buonanno, MD		Treasurer Name William S. Buonanno, MD	
Street Address 175 Summit Drive		Street Address 175 Summit Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name William S. Buonanno, MD		Director Name	
Street Address 175 Summit Drive		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
4,000 SHS 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



* 8 6 6 4 7 *

File Date: **Jan 27, 99**

Check No.: **2733**

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.

Signature of Officer **William S. Buonanno, MD** Date **1/8/99**

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.

86647

2. Name of Corporation

William S. Buonanno, M.D., Inc.

3. Street Address Principal Business Office

35 Sockanosett Cross Roads

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

944-5096

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

Professional orthopaedic and other medical services

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

President Name

William S. Buonanno, MD

Street Address

175 Summit Drive

City

State

Zip

Cranston RI

02920

Secretary Name

William S. Buonanno, MD

Street Address

175 Summit Drive

City

State

Zip

Cranston RI

02920

Vice President Name

William S. Buonanno, MD

Street Address

175 Summit Drive

City

State

Zip

Cranston RI

02920

Treasurer Name

William S. Buonanno, MD

Street Address

175 Summit Drive

City

State

Zip

Cranston RI

02920

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

Director Name

William S. Buonanno, MD

Street Address

175 Summit Drive

City

State

Zip

Cranston RI

02920

Director Name

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 SHS 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



* 8 6 6 4 7 *

File Date: 1-27-98

Check No.: 2075

Ry: 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.

Signature of Officer

William S. Buonanno, MD

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			
86647		William S. Buonanno, M.D., Inc.			
3. Street Address Principal Business Office		City	State	Zip	
35 Sockanosett Crossroads		Cranston	RI	02920	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
944-5096	RHODE ISLAND		9217		
7. Brief Description of the Character of Business Conducted in Rhode Island					
Professional orthopaedic and other medical services.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name			Vice President Name		
William S. Buonanno, MD			William S. Buonanno, MD		
Street Address			Street Address		
175 Summit Drive			175 Summit Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Secretary Name			Treasurer Name		
William S. Buonanno, MD			William S. Buonanno, MD		
Street Address			Street Address		
175 Summit Drive			175 Summit Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name			Director Name		
William S. Buonanno, MD					
Street Address			Street Address		
175 Summit Drive					
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS 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



* 8 6 6 4 7 *

File Date: 2-25-97

Check No.: 1506

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]

Date

William S. Buonanno, MD

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. 86647		2. NAME OF CORPORATION William S. Buonanno, M.D., Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 175 Summit Drive		CITY Cranston	STATE RI
4. BUSINESS PHONE NO. 63-8600		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND
To engage and render professional orthopaedic and other medical services pursuant to R.I.G.L. §7-5.1, et. seq.

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME William S. Buonanno		VICE PRESIDENT NAME William S. Buonanno	
STREET ADDRESS 175 Summit Drive		STREET ADDRESS 175 Summit Drive	
CITY Cranston	STATE RI	CITY Cranston	STATE RI
ZIP CODE 02920		ZIP CODE 02920	
SECRETARY NAME William S. Buonanno		TREASURER NAME William S. Buonanno	
STREET ADDRESS 175 Summit Drive		STREET ADDRESS 175 Summit Drive	
CITY Cranston	STATE RI	CITY Cranston	STATE RI
ZIP CODE 02920		ZIP CODE 02920	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME William S. Buonanno		DIRECTOR NAME	
STREET ADDRESS 175 Summit Drive		STREET ADDRESS	
CITY Cranston	STATE RI	CITY	STATE
ZIP CODE 02920		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
4,000 SHS NO PAR VALUE			100	Common
				No Par Value

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

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

File Date:

4-4-96

Check No:

1074

By:

PR59/UP

For Secretary of State Use Only

Signature of Officer

William S. Buonanno, MD

Print or Type Name of Officer

President

Title of Officer

4/1/96
Date