

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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B		ig ree: \$30.00			
1. Corporate ID No.	2. Name of Corporation	On			· - ·
86647		nanno, M.D., Inc.			
3. Street Address Principal Busin			City	State	17:-
. 35 SOCKANOSETT CR			CRANSTON	RI	Zip
4. Business Phone No.	-·····································	5. State of Incorporation			02920 6. SIC Code
4019445096		RHODE ISLAND			9217
7. Brief Description of the Chard	octer of Business Conduct	ted in Rhode Island			3217
TO ENGAGE IN AND REI	NDER PROPESSION	AL ORTHOPAEDIC A	ND OTHER MEDICAL SE	RVICES.	
8. NAMES AND ADDRESS					
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William S. Buonanr	io, MD		-William S. Buo	nanno. MD	
Street Address			Street Address		
35 SOCKANOSETT CRO	SSROAD		- 35 SOCKANOSETT	CROSSROAD	
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	• CRANSTON	RI	02920
Secretary Name		************	Treasurer Name		. <i></i>
William S. Buonann	o, MD		William S. Buor	nanno, MD	
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
35 SOCKANOSETT CRO			.35 SOCKANOSETT	CROSSROAD	
City	State	Zip	`City	State	Zip
CRANSTON	RI	02920	. CRANSTON	RI	02920
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS_("X" BOX FOR A	TTACIIMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
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William S. Buonann	O, MU		•		
Street Address	22225		Sireet Address		
35 SOCKANOSETT CRO			<u> </u>		
City CRANSTON	State	Zip	City	State	Zip
Director Name	RI	02920	· · · · · · · · · · · · · · · · · · ·		
Director (Name			Director Name		
Street Address		-· <u> </u>			
			·Street Address		
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File Date	:D		1111	1\	
Ann a	77	h)	Signature of Officer	> 11	Sate/
Check No. APR 28	2005 & L	 '	طب است است	uonanno, MD	l
, D .,	(12 -		Print or Type Name of		
By: DV	100		President	-	
FOR SECRETARY OF STATE (JSE ONLY		Title of Officer		F /30 15/0
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Check No.

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

2004

Filing Period: Janua	RFORATION ary 1 - March I ● I	ANNUAL KL] Filing Fee: \$50.00	PORT FOR THE	YEAR 2004			
(FORM MUST BE TYPE		3					
1. Corporate ID No.	2. Name of Corpo	pration					
86647	William S. E	Buonanno, M.D., Inc.					
3. Street Address Princip			City	State	Zip		
35 SOCKANOSET	T CROSSROAD		CRANSTON	RI	02920		
4. Business Phone No.		5. State of Incorpora	ntion		6. SIC Code		
401-944-5096		RHODE ISLA	ND		9217		
7. Brief Description of th	e Character of Business Col	nducted in Rhode Island	AND OTHER MEDICAL S		<u>:</u> L		
(*8. NAMES AND AD) President Name	DRESSES OF THE OF	FICERS CX" BOX FOR	ATTACHMENT), 🗆 FILL INS	PACES BEFORE USING A	TTACHMENTS & STATE		
William S. Buc			Vice President Name				
Street Address			· William S. Buc	onanno, mu			
35 Sockanosett	Crossroad		. 35 Sockanosett	· Crossroad			
City	State	Zip	City				
Cranston	RI	02920	Cranston	State	Zip		
Secretary Name	177		Treasurer Name	RI	02920		
William S. Buc	nanno, MD		•	nanno MD			
Street Address			William S. Buonanno, MD *Street Address				
35 Sockanosett Crossroad			.35 Sockanosett Crossroad				
City	State	Zip	'City	State	12:_		
Cranston	RI	02920	.Cranston	RI	Zip		
9. NAMES AND ADI	ORESSES OF THE DIR	FOTORS CV ROV RO	RATTACHMENT) [] HILL IN		02920		
Director Nume			Director Name	COLVET BILLOKO OSING	ATTACHMENTS		
William S. Buc	nanno, MD	•	•				
Street Address			· Street Address				
35 Sockanosett	Crossroad		•				
City	State	Zip	·City	State			
Cranston	RI	02920	·	Siare	Zip		
Director Name	••••		Director Name		. <i></i>		
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Street Address			· Street Address				
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This report must be .	signed in ink by eithe	er the President, Vice	President, Secretary, Ass	istant Secretary Treas	urer Receiver or Trustes		
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Et lette et							
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8 6	6 4 7		Under penalty of p	ripry, I declare and affirm	that I have examined /		
			this report, including	any accompanying sched	dules and statements,		
86647 DBC 12/30)/03 09:40:21 AM	1	and thay all marking	nts contained herein are bu	ie and correct.		

Date William S. Buonanno, MD President

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PH ISE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINT	TED IN BLACK)				
1. Corporate ID No.	2. Name of Carpora	tion			
86647	William S. B	uonanno, M.D., Inc.			
3. Street Address Principal Business	Office		City	State	Zip
35 Sockanosett Ci 4. Business Phone No.	rossroad	5. State of Incorporation	Cranston	RI	02920 6. SIC Code
944-5096 7. Brief Description of the Character	r of Business Canducted i	RHODE ISLAND			9217
Professional orth 8. NAMES AND ADDRES President Name	•	other medical serv CERS (*X* BOX FOR ATTACH		S BEFORE USING ATTA	CHMENTS
William S. Buonar Street Address	nno, MD		William S. Bu Street Addiess	ionanno, MD	
35 Sockanosett Ct	rossroad State	Zip	35 Sockanoset	t Crossroad	Zip
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920
William S. Buonas Street Address	nno, MD		William S. Bu	ionanno, MD	
35 Sockanosett Co	rossroad State	Zip	35 Sockanoset	ct Crossroad	Zip
Cranston 9. NAMES AND ADDRES Director Name	RI SES OF THE DIR	02920 ECTORS (*x* box for attra	Cranston CHMENT) FILL IN SPAC Director Name	RI CES BEFORE USING AT	02920 FACHMENTS
William S. Buona Street Address	nno, MD		Street Address		
35 Sockanosett C	rossroad State	Zip	City	State	Zip
Cranston Director Name	RI	02920	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)
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

Title of Officer

◆ 5

	* 8 6 6 4 7 *
File Date:	1.15.03
Check No.:	5086
Ву:	Mb
· —	OF STATE USE ONLY

	clare and a firm that I have examined ompanying schedules and statements, and herein are true and correct.
Signatur of Officer William S. Buonanno	, MD
Print or Type Name of Officer	·
President	



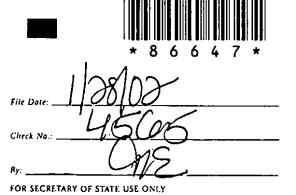
Edward S. Inman, III, Secretary of State Corporations Division 100

North Main Street.	Providence, RI 02903-1335 401-222-3040
2002	STOP PLIASE READ

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

ORM MUST BE TYPED IN	BLACK)				
Corporate ID No.	2. Name of Corpora	tion —	• •	•	_
86647	William S. B	uonanno, M.D., Inc.			
Street Address Principal Bus			City	State	Zip
35 Sockanoset	t Crossroad	S. State of Incorporation	Cranston	RI	02920 6. SIC Code
	racter of Business Conducted to				9217
Professional o	rthopedic and o	other medical serv	ices		
NAMES AND ADD	RESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
William S. Buc	onanno, MD		William S. Bu	onanno, MD	
35 Sockanoset	t Crossroad		Street Address 35 Sockanose	tt Crossroad	
y	State	2.1p	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
retary Name	•	• • • • • • • • • • • • • • • • • • • •	· Treasurer Name		•
William S. Bud	onanno, MD		William S. Bu	ionanno	
eet Address		•	Street Address		
35 Sockanoset	t Crossroad		35 Sockanose	tt Crossroad	
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Cranston	, RI	02920	Cranston	RI	02920
rector Name	•	CTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	CHMENTS
William S. Bud	onanno, MD				
eet Address			Street Address		
35 Sockanoset	t Crossroad				
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Cranston	RI	02920		***	
rector Name	•• •••		Director Name	• •	- • •
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4,000 NO PAR VALUE	<u>-</u>		100	Common	No Pai
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Under penalty of perjury 1 deciate 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 Office

William S. Buonanno, MD.
Print or Type Name of Officer

<u>President</u> Title of Officer **€** 5

Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

02920

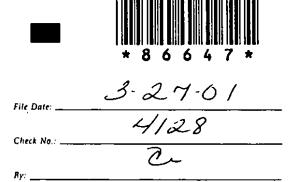
Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) J. Corporate ID No. **86647** Name of Corporation
William S. Buonanno, M.D., Inc. 3. Street Address Principal Business Office City State RI 35 Sockanosett Crossroad Cranston 4. Business Phone No.

944-5096 7. Brief Description of the Character of Business Conducted in Rhode Island Professional orthopedica and other medical services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS William S. Buonanno, MD William S. Buonanno, MD Street Address Street Address 35 Sockanosett Crossroad 35 Sockanosett Crossroad City State City State RI 02920 Cranston RI 02920 Cranston Secretary Nume Treasurer Name William S. Buonanno, MD William S. Buonanno, MD Street Address Street Address 35 Sockanosett Crossroad 35 Sockanosett Crossroad City State State 02920 RI 02920 Cranston RI 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 Street Address 35 Sockanosett Crossroad City City State State Cranston RI 02920 Street Address Street Address Cliv State Zip City State 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES PZZTED ZETVERZ Number of Shares Class/Series Par Value Class/Series Number of Shares Par Value

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

100

Title of Officer



4,000 SHS NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Under pohalty of perfury, I declare and affirm that I have examined
this regist including any accompanying schedules and statements, an
that aff statements contained herein are true and correct.
3/15/01
NM. 5. BUON XWN
Print or Type Name of Officer PM 9

Common

No par

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

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

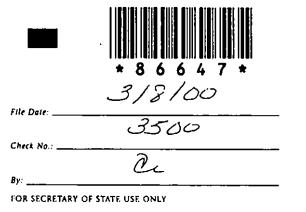
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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

3. Street Address Principal Business Office 35 Sockanosett Crossroad Cranston ด์2920 6. SIC Code S. State of Incorporation 1. Business Phone No. 944–5096 9217 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 S. Buonanno, MD Vice Projects Name . Buonanno, MD 35 Sockanosett Crossroad 35 Sockanosett Crossroad CRanston **CRanston** ^Z/₀2920 02920 Treasurer Name
William S. Buonanno, MD William S. Buonanno, MD Sirer Address Sockanosett Crossroad Street Address 35 Sockanosett Crossroad ^cCranston Cranston ก็ชื่อ20 02920 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS William S. Buonanno, MD Director Name Siver Address Sockanosett Crossroad Street Address Cranston Director Name Street Address Street Address Zip City Zío State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) -11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Class/Series Number of Shares Par Value 100 No par Common 4,000 SHS NO PAR VALUE

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



Under pehalty 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. Buonanno. MD Print or Type Name of Officer





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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	c of incorporation HODE ISLAND Ther medic BOX FOR ATTACHM	Vice President Name William S. Street Address 175 Summit City Cranston Treasurer Name William S. Street Address 175 Summit City Cranston Cranston Cranston Cranston Cranston Cranston Cranston	Buonanno, MC Drive State RI Buonanno, MC Drive RI Buonanno, MC	ATTACHMENTS $ \begin{array}{c} z_{lp} \\ \vdots \\ z_{lp} \\ \vdots \\ 0 \end{array} $	2920	
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THE OFFICERS (*x* MD Zip 0292 MD Zip 0292	BOX FOR ATTACHM	Vice President Name William S. Street Address 175 Summit City Cranston Treasurer Name William S. Street Address 175 Summit City Cranston Cranston Cranston Cranston Cranston Cranston Cranston	Buonanno, MC Drive State RI Buonanno, MC Drive RI Buonanno, MC	$\begin{bmatrix} z_{lp} \\ \vdots \\ 0z_{lp} \\ \vdots \\ 0z_{lp} \\ \vdots \\ 0z_{lp} \end{bmatrix}$	·	
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0292 , MD ₂₁₉ 0292	20	Cranston Treasurer Name William S. Street Address 175 Summit City Cranston	Buonanno, MC Drive State RI	02 	·	
, MD ^{Zip} 0292	20	Treasurer Name William S. Street Address 175 Summit City Cranston	Buonanno, MC Drive State RI)	·	
zip 0292	:	Street Address 175 Summit City Cranston	Drive State RI		2920	
0292	20	Cranston	State RI	0:	 2920	
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		Director Name	STACES BELOKE OSH	G ATTACHMENT		_
, MD		Street Address	··- 	· + · -	- 	-
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0292	20	Director Name			••••••••	
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perjury, I declare and affirm that I have examined ding any accompanying schedules and statements, and ned herein are true and correct. Date

William S. Buonanno, MD Print or Type Name of Officer President

FOR SECRETARY OF STATE USE ONLY

Title of Officer

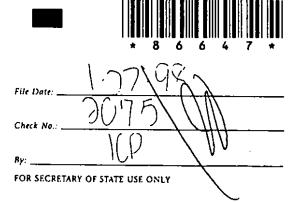


James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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1. Corporate ID No.	2. Name of Corporation	••	• •		
8 66 47	William S. Bud	nanno, M.D., Inc.			
3. Street Address Principal Business Of		•	City	State	21p
35 Sockanosett	Cross Roads	5. State of Incorporation	Cranston	RI	02920 6. SIC Code
944 - 5096 7. Brief Description of the Character of	Business Conducted in Rho	RHODE ISLANI			9217
Professional or 8. NAMES AND ADDRESSE President Name	cthopaedic a s of the officer	nd other med RS (*x* BOX FOR ATTACH	ical service MENT) Vice President Name	s ·	
William S. Buor	nanno, MD		William S. Street Address	Buonanno, MD	
175 Summit Driv	T C State	Zip	175 Summit	Drive State	Zip
Cranston Secretary Name	RI	029,20	Cranston Treasurer Name		02920
William S. Buor Street Address	nanno, MD		William S. Street Address	Buonanno, MD	
175 Summit Driv	T C State	Zip	175 Summit	Drive State	Zip
Cranston 9. NAMES AND ADDRESSE	RI S OF THE DIRECT	02920 ORS (*x* box for atta	Cranston	RI	02920
Director Name		•	Director Name		
William S. Buor Street Address	nanno, MD		Street Address		
175 Summit Driv	FE State	Zip	City	State	Zip
Cranston	RI .	.02920	Director Name		** * ** ** *** ** *
Street Address			Street Address		
City	State	Zip	City	State	Zip .
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHA	AENT)	11. SHARES ISSUE	D ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	. Par Value
4,000 SHS NO PAR V	ALUE		100	Common	No par value
This report must be signed	- In ink by either t	he President, Vice P	 resident, Secretary, /	Assistant Secretary, Treasur	er, Receiver or Trustee



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M°	at all planter	nents conta	ained hero	in are true and	d correct.	
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/ I/I &	x / \}	ノノノノム				

William S. Buonanno MD.

President
Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

86647

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

3. Street Address Principal Business Office

City

State

Zip

35 Sockanosett Crossroads 4. Business Phone No.

Cranston RI

02920 6. SIC Code

RHODE ISLAND

9217

944-5096 7. Brief Description of the Character of Business Conducted in Rhode Island

Professional orthopaedic and other medical services.

Zip

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

President Name

City

William S. Buonanno, MD

Vice President Name

City

William S. Buonanno, MD Street Address

175 Summit Drive

RI

2.10

Cranston Secretary Name

Cranston

RI .

02920

RI

02920

02920

Cranston. . Treasurer Name

William S. Buonanno, MD Street Address

175 Summit Drive

175 Summit Drive

Zio

175 Summit Drive

William S. Buonanno, MD

Zip

02920

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

Director Name

Street Address

Street Address

175 Summit Drive

William S. Buonanno, MD

Zip

City

State

Zio

Cranston Director Name

RI

02920 ...

Street Address

City

City

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Street Address

City

State

Zip

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

State

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSURED SHARES

Number of Shares

Class/Series

Par Value

Date

4,000 SHS NO PAR VALUE

100

Common

No Par vallue

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

FOR SECRETARY OF STATE USE ONLY

penalty of perjury, I declare and affirm that I have examined eport, including any accompanying schedules and statements, and hents contained herein are true and correct.

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

1. CORPORATE IO NO.	2. NAME OF CORPORATION	PLEASE TYPE OR PR	INT IN BLACK INK.				
86647	William	C Buonanna M	D T==				
3 STREET ADDRESS PRINCIPAL BUSINESS OF	ACE MITITUM	S. Buonanno, M	in., inc.	STATE	{ ZIP CODE		
175 Summit Drive			Cranston	RI	02920		
BUSINESS PHONE NO.		5 STATE OF INCORPORATION			6 SIC CODE		
3-8600 Brief description of the character of	Diffe Colonia	RHODE ISL	AND		9217		
o engage and rer			and other medica	d services nur	suant to R I C I		
\$7-5.1, et. seq.			SSES OF THE OF		~		
PRESIDENT NAME		ES ARD ADDRE	VICE PRESIDENT NAME	PICERS			
William S. Buonan	no		William S. Buor	nanno			
175 Summit Drive	e		175 Summit D)rive			
NY CONTRACTOR OF THE PROPERTY	STATE	ZIP CODE	any	STATE	ZIP COOE		
Cranston_	RI	02920	Cranston	RI	02920		
William S. Buona	nno		William S. Buor	nanno			
175 Summit Drive			175 Summit Drive				
YIK	STATE	ZIP CODE	ату	STATE	ZP C00E		
Cranston	RI	02920			02920		
DIRECTOR NAME	9. NAM	ES AND ADDRE	SSES OF THE DI	RECTORS			
William S. Buona	nno		2 Concession states				
STREET ADDRESS	11110		STREET ADDRESS				
175 Summit Drive							
OILA	STATE	ZIP CODE	ary	STATE	ZIP CODE		
Cranston	<u> </u>	02920	DIRECTOR NAME				
MILLON INVITED			LIKECTON NAME				
STREET ADDRESS			STREET ADDRESS				
YIC	STATE	ZIP CODE	ary	STATE	ZP CODE		
	10. SH	ARES AUTHORIS	ZED AND ISSUED	·			
	AUTHORIZED SHARES	• • • • • • • • • • • • • • • • • • • •	}	ISSUED SHARES			
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					<u>*</u>		
Presi	ı nısı ident. Vice Presider	report must de SIGN it. Secretary: Assista	ED IN INK by either the nt Secretary, Treasurer,	e - Receiver or Trustee			
. 100	,	,, ,,	oorotary, measurer,	THE PROPERTY OF THE SECOND	•		

Check No: Ву:

For Secretary of State Use Only

Under penalty of periory 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.

Title of Officer