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.	2. Name of Corporation
106349	POLLY E. LEONARD, D.O. LTD.

3. Street Address Principal Business Office	City	State	Zip
1444 WARWICK AVENUE	WARWICK	RI	02888

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-463-5750	RHODE ISLAND	9258

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF MEDICINE

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

President Name	Vice President Name
POLLY E. LEONARD, D.O.	NONE
Street Address	**Street Address**
1444 WARWICK AVENUE	
City / State / Zip	**City / State / Zip**
WARWICK / RI / 02888	
Secretary Name	**Treasurer Name**
POLLY E. LEONARD, D.O.	POLLY E. LEONARD, D.O.
Street Address	**Street Address**
1444 WARWICK AVENUE	1444 WARWICK AVENUE
City / State / Zip	**City / State / Zip**
WARWICK / RI / 02888	WARWICK / RI / 02888

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

Director Name	Director Name
NONE	
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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*
1,000	NO 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

[redacted] 106349 [redacted]

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* 3/15/05

POLLY E. LEONARD, D.O.
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

File Date FILED
Check No. 1107
MAR 17 2005
By: BY
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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
106349	POLLY E. LEONARD, D.O. LTD.		
3. Street Address Principal Business Office	City	State	Zip
1444 Warwick Avenue	Warwick	RI	02888
4. Business Phone No.	5. State of Incorporation		6. SIC Code
401-463-5750	RHODE ISLAND		9258

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF MEDICINE.

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

President Name			Vice President Name		
Polly E. Leonard, D.O.			None		
Street Address			Street Address		
1444 Warwick Avenue					
City	State	Zip	City	State	Zip
Warwick	RI	02888			
Secretary Name			Treasurer Name		
Polly E. Leonard, D.O.			Polly E. Leonard, D.O.		
Street Address			Street Address		
1444 Warwick Avenue			1444 Warwick Avenue		
City	State	Zip	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888

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

Director Name			Director Name		
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
1,000 NO 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

[redacted]

106349

File Date 3/17/04

Check No. 925

By: S

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 3/13/04

Polly E. Leonard, D.O.
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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation
106349	POLLY E. LEONARD, D.O. LTD.

3. Street Address Principal Business Office	City	State	Zip
1444 Warwick Avenue	Warwick	RI	02888

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-463-5750	RHODE ISLAND	9258

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

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

President Name	Vice President Name
Polly E. Leonard, D.O.	None
Street Address: 1444 Warwick Avenue	Street Address:
City: Warwick State: RI Zip: 02888	City: State: Zip:
Secretary Name	**Treasurer Name**
Polly E. Leonard, D.O.	Polly E. Leonard, D.O.
Street Address: 1444 Warwick Avenue	Street Address: 1444 Warwick Avenue
City: Warwick State: RI Zip: 02888	City: Warwick State: RI Zip: 02888

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

Director Name	Director Name
None	
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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
1,000 NO 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

[redacted] [redacted]

* 1 0 6 3 4 9 *

File Date: 3.19.03

Check No.: 744

By: LP

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: 3/17/03

Polly E. Leonard, D.O.
Print or Type Name of Officer

President
Title of Officer

[redacted]

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 106349
2. Name of Corporation: POLLY E. LEONARD, D.O. LTD.
3. Street Address Principal Business Office: 1444 Warwick Avenue — City: Warwick — State: RI — Zip: 02888
4. Business Phone No.: 401-463-5750
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9258
7. Brief Description of the Character of Business Conducted in Rhode Island: Family Medical Practice

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

President Name: Polly E. Leonard, D.O.
Street Address: 1444 Warwick Avenue
City: Warwick — State: RI — Zip: 02888

Vice President Name: None
Street Address:
City: — State: — Zip:

Secretary Name: Polly E. Leonard, D.O.
Street Address: 1444 Warwick Avenue
City: Warwick — State: RI — Zip: 02888

Treasurer Name: Polly E. Leonard, D.O.
Street Address: 1444 Warwick Avenue
City: Warwick — State: RI — Zip: 02888

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

Director Name: None
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

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
1,000	NO PAR VALUE	

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

* 1 0 6 3 4 9 *

File Date: 3/14/02

Check No.: 567

By: GMB

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: 3.12.02

Print or Type Name of Officer: Polly E. Leonard DO

Title of Officer: President

Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 106349
2. Name of Corporation: POLLY E. LEONARD, D.O. LTD.
3. Street Address Principal Business Office: 1444 Warwick Avenue
City: Warwick
State: RI
Zip: 02888
4. Business Phone No.: 401-463-5750
5. State of Incorporation: RHODE ISLAND
6. ~~9298~~
7. Brief Description of the Character of Business Conducted in Rhode Island: Family Medical Practice

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

President Name: Polly E. Leonard, D.O.	Vice President Name: None
Street Address: 1444 Warwick Avenue	Street Address:
City: Warwick State: RI Zip: 02888	City: State: Zip:
Secretary Name: Polly E. Leonard, D.O.	Treasurer Name: Polly E. Leonard, D.O.
Street Address: 1444 Warwick Avenue	Street Address: 1444 Warwick Avenue
City: Warwick State: RI Zip: 02888	City: Warwick State: RI Zip: 02888

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

Director Name: None	Director Name:
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
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 6 3 4 9 *

File Date: 3-16-01

Check No.: 387

By: Cc

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.

Polly E. Leonard D.O. 3.15.01
Signature of Officer *Date*

Polly E. Leonard D.O.
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

STOP
PLEASE READ INSTRUCTIONS

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.: 106349
2. Name of Corporation: POLLY E. LEONARD, D.O. LTD.
3. Street Address Principal Business Office: 1444 WARWICK AVENUE
   City: WARWICK State: RI Zip: 02888
4. Business Phone No.: 401-463-5750
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9258
7. Brief Description of the Character of Business Conducted in Rhode Island: FAMILY MEDICAL PRACTICE

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

President Name: POLLY E. LEONARD, D.O.
Street Address: 1444 WARWICK AVENUE
City: WARWICK State: RI Zip: 02888

Vice President Name: None
Street Address:
City: State: Zip:

Secretary Name: POLLY E. LEONARD, D.O.
Street Address: 1444 WARWICK AVENUE
City: WARWICK State: RI Zip: 02888

Treasurer Name: POLLY E. LEONARD
Street Address: 1444 WARWICK AVENUE
City: WARWICK State: RI Zip: 02886

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

Director Name: None
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

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
1,000	NO PAR VALUE	

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

* 1 0 6 3 4 9 *

File Date: 3/16/00

Check No.: 214

By: C

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: Polly E. Leonard D.O. Date: 3.13.00

Print or Type Name of Officer: Polly E. Leonard, D.O.

Title of Officer: President