



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. 72650		2. Name of Corporation Risurg, Inc.			
3. Street Address Principal Business Office 1524 ATWOOD AVENUE		City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 4015216080		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONSTRUCT, OWN AND/OR OPERATE A FREE STANDING AMBULATORY SURGERY CENTER.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael A. Rocchio, M.D.		Vice President Name Vincent F. Vacca, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Michael A. Rocchio, M.D.		Treasurer Name Robert Buonanno, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael A. Rocchio, M.D.		Director Name Robert Buonanno, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Vincent F. Vacca, M.D.		Director Name			
Street Address 1524 Atwood Avenue		Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
600 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
450		Common	No Par		

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



7 2 6 5 0

**FILED**

\*72650 DBC 06/07/05 03:03:28 PM\*

File Date

JUN 23 2005

Check No.

By Kmc

By

C69993

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 6-15-05

Michael A. Rocchio  
Print or Type Name of Officer

Pres.  
Title of Officer

Form 630 (2/01)



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  
401.222.3040

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. 72650		2. Name of Corporation Risurg, Inc.			
3. Street Address Principal Business Office 1524 ATWOOD AVENUE		City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 4015216080		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONSTRUCT, OWN AND/OR OPERATE A FREE STANDING AMBULATORY SURGERY CENTER.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael A. Rocchio, M.D.		Vice President Name Vincent F. Vacca, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Michael A. Rocchio, M.D.		Treasurer Name Robert Buonanno, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael A. Rocchio, M.D.		Director Name Robert Buonanno, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Vincent F. Vacca, M.D.		Director Name			
Street Address 1524 Atwood Avenue		Street Address			
City Johnston	State RI	Zip 02919	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
600 NO PAR VALUE			450	Common	No Par

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



7 2 6 5 0

\*72650 DBC 06/07/05 03:03:28 PM\*

File Date \_\_\_\_\_

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

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

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 23 2005

By Kmc

C69999

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

Michael A. Rocchio

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

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. 2. Name of Corporation

72650

Risurg, Inc.

3. Street Address Principal Business Office  
1526 Atwood Avenue

City  
Johnston

State  
RI

Zip  
02919

4. Business Phone No.  
401-521-6080

5. State of Incorporation

RHODE ISLAND

6. SIC Code  
9217

7. Brief Description of the Character of Business Conducted in Rhode Island  
To construct, own and/or operate a free standing ambulatory surgery center

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

President Name  
Michael A. Rocchio, M.D.

Vice President Name  
Vincent F. Vacca, M.D.

Street Address  
1524 Atwood Avenue

Street Address  
1524 Atwood Avenue

City Johnston State RI Zip 02919

City Johnston State RI Zip 02919

Secretary Name  
Michael A. Rocchio, M.D.

Treasurer Name  
Robert Buonanno, M.D.

Street Address  
1524 Atwood Avenue

Street Address  
1524 Atwood Avenue

City Johnston State RI Zip 02919

City Johnston State RI Zip 02919

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

Director Name  
Michael A. Rocchio, M.D.

Director Name  
Robert Buonanno, M.D.

Street Address  
1524 Atwood Avenue

Street Address  
1524 Atwood Avenue

City Johnston State RI Zip 02919

City Johnston State RI Zip 02919

Director Name  
Vincent F. Vacca, M.D.

Director Name

Street Address  
1524 Atwood Avenue

Street Address

City Johnston State RI Zip 02919

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

450.00 Common Stock No Par

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



\* 7 2 6 5 0 \*

File Date: 2/13/03

Check No.: 1071

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 2/11/07

Print or Type Name of Officer Michael A. Rocchio MD

Title of Officer PRESIDENT



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72650		2. Name of Corporation Risurg, Inc.			
3. Street Address Principal Business Office 1524 Atwood Avenue		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-521-6080		5. State of Incorporation Rhode Island		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island To construct, own and/or operate a free standing ambulatory surgery center					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael A. Rocchio, M.D.		Vice President Name Vincent F. Vacca, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	City Johnston	State RI	Zip 02919	
Secretary Name Michael A. Rocchio, M.D.		Treasurer Name Robert Buonanno, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	City Johnston	State RI	Zip 02919	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael A. Rocchio, M.D.		Director Name Robert Buonanno, M.D.			
Street Address 1524 Atwood Avenue		Street Address 1524 Atwood Avenue			
City Johnston	State RI	City Johnston	State RI	Zip 02919	
Director Name Vincent F. Vacca, M.D.		Director Name			
Street Address 1524 Atwood Avenue		Street Address			
City Johnston	State RI	City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 shs no par value			450.00	Common Stock	No Par

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

FILED  
JAN 17 2002  
20. Hd 60 h LI NUP  
2002  
2002  
RECEIVED  
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  
Michael A. Rocchio  
Date  
1/16/02  
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 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72650 2. Name of Corporation Risurg, Inc.  
3. Street Address Principal Business Office 1524 Atwood Avenue City Johnston State RI Zip 02919  
4. Business Phone No. 401-521-6080 5. State of Incorporation Rhode Island 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
To construct, own and/or operate a free standing ambulatory surgery center

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

President Name	Vice President Name
Michael A. Rocchio, M.D.	Vincent F. Vacca, M.D.
Street Address	Street Address
1524 Atwood Avenue	1524 Atwood Avenue
City	City
Johnston	Johnston
State	State
RI	RI
Zip	Zip
02919	02919
Secretary Name	Treasurer Name
Michael A. Rocchio, M.D.	Robert Buonanno, M.D.
Street Address	Street Address
1524 Atwood Avenue	1524 Atwood Avenue
City	City
Johnston	Johnston
State	State
RI	RI
Zip	Zip
02919	02919

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

Director Name	Director Name
Michael A. Rocchio, M.D.	Robert Buonanno, M.D.
Street Address	Street Address
1524 Atwood Avenue	1524 Atwood Avenue
City	City
Johnston	Johnston
State	State
RI	RI
Zip	Zip
02919	02919
Director Name	Director Name
Vincent F. Vacca, M.D.	
Street Address	Street Address
1524 Atwood Avenue	
City	City
Johnston	
State	State
RI	
Zip	Zip
02919	

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

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
600 shs	no par value	

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

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
450.00	Common Stock	No Par

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

File Date: JAN 17 2002  
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: Michael A. Rocchio Date: 1/16/02  
Print or Type Name of Officer: Michael A. Rocchio  
Title of Officer: President



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. 72650 2. Name of Corporation Risurg, Inc.

3. Street Address Principal Business Office

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

(401) 521-6080

5. State of Incorporation  
RHODE ISLAND

6. SIC Code  
9217

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

To construct, own and/or operate a free standing ambulatory surgery center

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

President Name

Michael A. Rocchio

Vice President Name

Vincent F. Vacca

Street Address

1524 Atwood Avenue

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

Secretary Name

Michael A. Rocchio

Treasurer Name

A. Robert Buonanno

Street Address

1524 Atwood Avenue

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

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

Director Name

Michael A. Rocchio

Director Name

A. Robert Buonanno

Street Address

1524 Atwood Avenue

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

Director Name

Vincent F. Vacca

Director Name

None

Street Address

1524 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

450

Common

No Par

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



\* 7 2 6 5 0 \*

File Date: 3/2/00

Check No.: 1029

By: Michael A. Rocchio

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.

Michael A. Rocchio  
Signature of Officer Date

Michael A. Rocchio  
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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72650  
2. Name of Corporation Risurg, Inc.

3. Street Address Principal Business Office

1524 Atwood Avenue

4. Business Phone No.

5. State of Incorporation

Rhode Island

City

Johnston

State

RI

Zip

02919

6. SIC Code

9217

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

to construct, own and/or operate a free standing ambulatory surgery center and all other lawful business purposes

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

President Name

Michael A. Rocchio

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

Secretary Name

Michael A. Rocchio

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

Vice President Name

Vincent F. Vacca

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

Treasurer Name

A. Robert Buonanno

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

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

Director Name

Michael A. Rocchio

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

Director Name

A. Robert Buonanno

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

Director Name

Vincent F. Vacca

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

450

Common

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: 4-20-99

Check No.: 1015

By: AMF

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.

Michael A. Rocchio 4 May  
Signature of Officer Date

Michael A. Rocchio  
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. <b>72850</b>		2. Name of Corporation <b>Rlsurg, Inc.</b>			
3. Street Address Principal Business Office <b>1524 Atwood Avenue</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>9217</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to construct, own and/or operate a free standing ambulatory surgery center and all other lawful</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <b>business purposes</b>					
President Name <b>Michael A. Rocchio</b>			Vice President Name <b>Vincent F. Vacca</b>		
Street Address <b>1524 Atwood Avenue</b>			Street Address <b>1524 Atwood Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Michael A. Rocchio</b>			Treasurer Name <b>A. Robert Buonanno</b>		
Street Address <b>1524 Atwood Avenue</b>			Street Address <b>1524 Atwood Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Michael A. Rocchio</b>			Director Name <b>Vincent F. Vacca</b>		
Street Address <b>1524 Atwood Avenue</b>			Street Address <b>1524 Atwood Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>A. Robert Buonanno</b>			Director Name		
Street Address <b>1524 Atwood Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>			<b>450</b>	<b>Common</b>	<b>no par value</b>

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



\* 7 2 6 5 0 \*

File Date: **7-3-98**

Check No.: **1385**

By: **101**

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

**Michael A. Rocchio**

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. <b>72650</b>		2. Name of Corporation <b>Risurg, Inc.</b>			
3. Street Address Principal Business Office <b>1524 Atwood Avenue</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. Business Phone No. <b>401 521-6080</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9217</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To construct, own and/or operate a free standing ambulatory surgery center</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Michael A. Rocchio</b>		Vice President Name <b>Vincent F. Vacca</b>			
Street Address <b>1524 Atwood Avenue</b>		Street Address <b>1524 Atwood Avenue</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Michael A. Rocchio</b>		Treasurer Name <b>A. Robert Buonanno</b>			
Street Address <b>1524 Atwood Avenue</b>		Street Address <b>1524 Atwood Avenue</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Michael A. Rocchio</b>		Director Name <b>A. Robert Buonanno</b>			
Street Address <b>1524 Atwood Avenue</b>		Street Address <b>1524 Atwood Avenue</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>Vincent F. Vacca</b>		Director Name <b>None</b>			
Street Address <b>1524 Atwood Avenue</b>		Street Address			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>			<b>450</b>	<b>common</b>	<b>no par</b>

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



\* 7 2 6 5 0 \*

File Date: **1/27/97**

Check No.: **1369**

By: **GSA (WJ)**

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: **1-22-97**

Print or Type Name of Officer: **MICHAEL A. ROCCHIO MD.**

Title of Officer: **OFFICER, MEMBER.**

# 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. 72650		2. NAME OF CORPORATION Risurg, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1524 Atwood Avenue		CITY Johnston	STATE RI
4. BUSINESS PHONE NO. (401) 521-6080		5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02919

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
To construct, own and/or operate a free standing ambulatory surgery center

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Michael A. Rocchio		VICE PRESIDENT NAME Vincent F. Vacca	
STREET ADDRESS 1524 Atwood Avenue		STREET ADDRESS 1524 Atwood Avenue	
CITY Johnston	STATE RI	CITY Johnston	STATE RI
ZIP CODE 02919		ZIP CODE 02919	
SECRETARY NAME Michael A. Rocchio		TREASURER NAME A. Robert Buonanno	
STREET ADDRESS 1524 Atwood Avenue		STREET ADDRESS 1524 Atwood Avenue	
CITY Johnston	STATE RI	CITY Johnston	STATE RI
ZIP CODE 02919		ZIP CODE 02919	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Michael A. Rocchio		DIRECTOR NAME Vincent F. Vacca	
STREET ADDRESS 1524 Atwood Avenue		STREET ADDRESS 1524 Atwood Avenue	
CITY Johnston	STATE RI	CITY Johnston	STATE RI
ZIP CODE 02919		ZIP CODE 02919	
DIRECTOR NAME A. Robert Buonanno		DIRECTOR NAME	
STREET ADDRESS 1524 Atwood Avenue		STREET ADDRESS	
CITY Johnston	STATE RI	CITY	STATE
ZIP CODE 02919		ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
600 SHS NO PAR VALUE		450	Common

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.

Risurg, Inc.  
By:   
Signature of Officer  
Michael A. Rocchio

Print or Type Name of Officer  
President

Title of Officer

File Date:

Check No:

By:

For Secretary of State Use Only

Date

**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.**

0072650

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: Risurg, Inc.

Business entity organized under the laws of the State of: Rhode Island

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

n/a

Phone: ( ) \_\_\_\_\_

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

1524 Atwood Ave.

Johnston, RI 02919

Phone: (401) 521-6080

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

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

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

To construct, own and/or operate a  
free-standing ambulatory surgery center  
and for any other lawful purpose.

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>Michael A. Rocchio</u>	<u>1524 Atwood Ave., Johnston, Rhode Island</u>	<u>02919</u>	
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VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>Vincent F. Vacca</u>	<u>1524 Atwood Ave., Johnston, Rhode Island</u>	<u>02919</u>	
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SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>Michael A. Rocchio</u>	<u>1524 Atwood Ave., Johnston, Rhode Island</u>	<u>02919</u>	
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TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>A. Robert Buonanno</u>	<u>1524 Atwood Ave., Johnston, Rhode Island</u>	<u>02919</u>	
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**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>Michael A. Rocchio</u>	<u>1524 Atwood Ave., Johnston, Rhode Island</u>	<u>02919</u>	
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NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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<u>Vincent F. Vacca</u>	<u>1524 Atwood Ave., Johnston, Rhode Island</u>	<u>02919</u>	
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NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

<u>A. Robert Buonanno</u>	<u>1524 Atwood Ave., Johnston, Rhode Island</u>	<u>02919</u>	
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NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 600 Class / Series Common

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

Number of Shares 450 issued Class / Series Common

Date March 7, 1995

By: Michael A. Rocchio

Michael A. Rocchio

PRINT OR TYPE NAME OF OFFICER SIGNING

President

Form 31 1/95

**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.

MICHAEL A. ROCCHIO  
1524 ATWOOD AVENUE  
JOHNSTON RI 02919

**FILED**  
MAR 13 1995

By: [Signature]  
138234

**FILED**

[Signature] 1995

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

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

14506  
\$50 76

1994

0072650

Annual Report for the year:

Risurg, Inc.

Corporate ID:

Name of Business Entity:

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

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

n/a

Phone: ( )

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

1524 Atwood Avenue

Johnston, RI 02919

Phone: (401) 521-6080

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:

Dr. Michael A. Rocchio, President

1524 Atwood Avenue  
Johnston, RI 02919

Brief statement of the character of business conducted in Rhode Island:  
To construct, own and/or operate a

free standing ambulatory surgery center  
and for any other lawful purpose.

Date of Organization: May 28, 1993

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

n/a

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)

Michael A. Rocchio, 1524 Atwood Avenue, Johnston, RI 02919

☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)

Vincent F. Vacca, 1524 Atwood Avenue, Johnston, RI 02919

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)

Michael A. Rocchio, 1524 Atwood Avenue, Johnston, RI 02919

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)

A. Robert Buonanno, 1524 Atwood Avenue, Johnston, RI 02919

THE NAMES OF THE DIRECTORS ARE:

Michael A. Rocchio, 1524 Atwood Avenue, Johnston, RI 02919

Vincent F. Vacca, 1524 Atwood Avenue, Johnston, RI 02919

A. Robert Buonanno, 1524 Atwood Avenue, Johnston, RI 02919

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES

PAR VALUE OR no par value  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 450 issued

CLASS Common

SERIES

PAR VALUE OR no par value  
WITHOUT PAR

By: Michael A. Rocchio