



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. *116050*		2. Name of Corporation Alfred A. Paul, M.D. and Lin Chou, M.D., Inc.			
3. Street Address Principal Business Office 265 WATERMAN STREET			City PROVIDENCE	State RI	Zip 02906-
4. Business Phone No. 4014219433		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL MEDICAL SERVICES TO THE GENERAL PUBLIC BY PERSONS AUTHORIZED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND, INCLUDING BUT NOT LIMITED TO THE PRACTICE OF OPHTHALMOLOGY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred A. Paul, M.D.		Vice President Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Lin Chou, M.D.		Treasurer Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alfred A. Paul, M.D.		Director Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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	COMM NO PAR VALUE		300	Common	None

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



* 1 1 6 0 5 0 *

**116050* 1/20/033:29:24 PM*

File Date 3/11/05

Check No. 2716

By: W.

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.

Alfred A. Paul, M.D. 3/5/05
Signature of Officer Date
Alfred A. Paul, M.D.
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

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. *116050*		2. Name of Corporation Alfred A. Paul, M.D. and Lin Chou, M.D., Inc.			
3. Street Address Principal Business Office 265 WATERMAN STREET			City PROVIDENCE	State RI	Zip 02906-
4. Business Phone No. 4014219433		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL MEDICAL SERVICES TO THE GENERAL PUBLIC BY PERSONS AUTHORIZED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND, INCLUDING BUT NOT LIMITED TO THE PRACTICE OF OPHTHALMOLOGY.					
8. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred A. Paul, M.D.		Vice President Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Lin Chou, M.D.		Treasurer Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alfred A. Paul, M.D.		Director Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 COMM NO PAR VALUE			300	Common	None

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



* 1 1 6 0 5 0 *

**116050* 1/20/033:29:24 PM*

File Date 3/16/04

Check No. 2123

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.

Alfred A. Paul MD 3-10-04

Signature of Officer Date

Alfred A. Paul, M.D.

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *116050*		2. Name of Corporation Alfred A. Paul, M.D. and Lin Chou, M.D., Inc.			
3. Street Address Principal Business Office 265 WATERMAN STREET			City PROVIDENCE	State RI	Zip 02906-
4. Business Phone No. 4014219433		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER PROFESSIONAL MEDICAL SERVICES TO THE GENERAL PUBLIC BY PERSONS AUTHORIZED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND INCLUDING BUT NOT LIMITED TO THE PRACTICE OF OPHTHALMOLOGY.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
President Name Alfred A. Paul, M.D.		Vice President Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Lin Chou, M.D.		Treasurer Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
Director Name Alfred A. Paul, M.D.		Director Name Lin Chou, M.D.			
Street Address 265 Waterman Street		Street Address 265 Waterman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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	COMM NO PAR VALUE		300	Common	None

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



* 1 1 6 0 5 0 *

**116050* 1/20/03:29:24 PM*

File Date 1-30-03

Check No. 1695

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/25/03
Date
Signature of Officer
Alfred A. Paul, M.D.
Print or Type Name of Officer
President
Title of Officer



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. **116050** 2. Name of Corporation **Alfred A. Paul, M.D. and Lin Chou, M.D., Inc.**
3. Street Address Principal Business Office **265 Waterman Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **421-9433** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Professional medical corporation specializing in the treatment of the eye

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

President Name Alfred A. Paul, M.D.	Vice President Name Lin Chou, M.D.
Street Address 265 Waterman Street	Street Address 265 Waterman Street
City Providence State RI Zip 02906	City Providence State RI Zip 02906
Secretary Name Lin Chou, M.D.	Treasurer Name Lin Chou, M.D.
Street Address same	Street Address same
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name Alfred A. Paul, M.D.	Director Name Lin Chou, M.D.
Street Address same	Street Address same
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
4,000 COMM NO PAR VALUE

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

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

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



* 1 1 6 0 5 0 *

File Date: 2-26-02
Check No.: 1338
By: [Signature]

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.

Alfred A. Paul MD 2/15/02
Signature of Officer Date

Alfred A. Paul, M.D.

Print or Type Name of Officer

President

Title of Officer