

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) 2 Name of Corporation 1. Corporate ID No. University Family Medicine, Inc. 130952 Zip State 3. Street Address Principal Business Office SAUNDERSTOWN RΙ 02874 121 HARBOR VIEW AVENUE 6. SIC Code 5. State of Incorporation 4. Business Phone No. 9217 RHODE ISLAND 4012947321 7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON ANY AND ALL BUSINESS THAT PHYSICIANS, LICENSED TO PRACTICE MEDICINE IN THE STATE OF RHODE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name .Pierre R. Manzo David W. Ashley Street Address Street Address .28 Myrick Drive 121 Harbor View Avenue Zip City State Zip City Vate 02874 RI . Slatersville RI 02874 Saunderstown Treasurer Name Secretary Name Karen Blackmer Ellen B. Hight 'Street Address Street Address 106 Blackstone Boulevard, Unit 3 .121 Harbor View Avenue State Zip City City State Zıp 02874 RΙ Saunderstown 02906 Providence RI 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 State Zip City Zip State City Director Name Director Name · Street Address Street Address Zip City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Vulue Number of Shares Class/Series Par Value Number of Shares Class/Series common no par 400 8,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

1 3 0 9 5 2	Ninder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.			
*130952 DBC 01/15/05 04:04:39 PM*  File Date 2-7-05  Check No.	and that all statements contained herein are true and correct.  Signature of Officer  David W. Ashley			
FOR SECRETARY OF STATE USE ONLY	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

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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(FORM MUST BE TYPED OR PRINTED IN BLACK)	

L. Corporate ID No	2. Name of Gorpon	ıtion			
130952	University Fa	mily Medicine, Inc.			
3. Street Address Principal Bi			City	State	Zip
•	View Avenue		Saunderstown	RI	02874
4. Business Phone No.		5. State of Incorporatio			6. SIC Code
(401) 294-7	7321	RHODE ISLAND	)		9217
Refer Description of the Ch	ameter of Business Conductor	in Rhode Island	NSED TO PRACTICE MEDICINE	IN THE STATE OF RHO	DE ISLAND
NAMES AND ADDR	ESSES OF THE OFFICE	RS. C"X" ROX FOR AT	TACHMENT)   T FILL IN SE	ACES BEFORE USING	ATTACHMENTS
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT		Vice President Name			
			Pierre R. Manzo		
David W. Ashley			: Street Address		
121 Harbor View Avenue			28 Myrick Drive		
City	State	Zip	: City	State	Zíp
Saunderstoy		02874	Slatersville	RI	02874
Secretary Name	7ttJ		: Treasurer Name	F. (T	
Ellen B. Hight			Karen Blackmer		
Sirvet Address	<u> </u>	<u> </u>	Sircet Address		
106 Blacks	tone Boulevard,	Unit 3	121 Harbor View	Avenue	
City	State	Zip	City	State	Zip
Providence	RI	02906	Saunderstown	RI	02874
		TORS: ("X" BOX FOR	· ·	SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		
None				<u> </u>	
Street Address		Street Address			
				T	Zip
City	State	Zip	Clty	State	$z^{\mu}$
	J	<b>]</b>			
Director Name			Director Name		
<del></del>		<u> </u>	Street Address		
Street Address			Sinter Anarits		
Zilen	State	Zip	Cliv	State	Zip
City	June	]****			
10. SHARES AUTHOR	 RIZED <i>("X" BOX FOR</i>	I ATTACHMENT) □	11. SHARES ISSUED (*	X" BOX FOR ATTACI	HMENT) 🗀
AUTHORIZED SHARES	( A DOATOR		ISSUED SHARES		· <u>-</u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report m	just be signed in ink by	either the President. Vic	ce President, Secretary, Assistar	n Secretary, Treasurer,	Receiver or Truste
Titto topott iii		•	•	·	
	6 10 0101 11000 11111 00110 10101 0				
	<u>                                       </u>		Hades sending of seed	ury, I declare and affirm	that I have examined:
	JANIAN TANAN T		including any accom-	panying schedules and st	atements, and that all
<del>*-13095-2</del> *			cographed herein are		. 7
1 50	1104		X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/1
File Date	I. III V				

David W. Ashley

Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03