

STATE OF RHODE ISLAND AND PROOffice of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Providence. RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

	401.222.304
2005	

Filing Period: January 1 - Me (FORM MUST BE TYPED OR PRINT		ling Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporal	tion			
119451	M.M.C., INC				
3. Street Address Principal Business Office 14 Fox 9 ove Drive 4. Business Phone No. 401 944-6508 7. Brief Description of the Character of Business Conducted in Rhode Island			Cransfon	State R	D2920
		•	6. SIC Code		
TO ENGAGE IN CONSUL CONTRACTS AND DRUG NAMES AND AUDRESSES President Name	TING AS IT RELAT	TES TO THE MEDICAL D	ROFESSION, MEDICAL BILLI TACHMENT)	NG, REVIEWING MEDIO SPACES BEFORE USIN	
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Secretary Name			Treasurer Name	. 	J
Street Address			Street Address		
Cuy	State	Z.(p	City	State	Zip
9. NAMES AND ADDRESSES Officetor Name	I OF THE DIRECT	ORS: ("X" BOX FOR A	Director Name	N SPACES BEFORE US	ING ATTACHMENTS
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Director Name	·····	•••••	Director Name		
Street Address		<u> </u>	Street Address		
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		: 11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTAC	HMENT)	
Number of Shares	Class'Series	Par Value	Number of Shares	Class/Scries	Par Value
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Check No.		By 0235	Signature of Officer Mowa	J DUMAIS	Date
By:FOR SECRETARY OF STAT	DE LISE ONLY	-7-59'L)	Print or Type Name of P(e5) d		

Tule of Officer



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

401.222.3010

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FORM MUST BE TYPED O	OR PRINTED IN BLACK)						
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119 451 Street Address Principal B.	usiness Office	1. Inc G	CU O	State	Zip		
. :	Fox glove Di	(IVE	Cranston	R1	02920		
1. Business Phone No. 4/61-944	1-6508	5. State of Incorporation	on .		6. SIC Code V 7286		
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Secretary Name	J		Treasurer Name		<u>.</u>		
Street Address			Street Address				
City	State	Zip	City	State	Zip		
D. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name		ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address					
City	State	Zip	City	State	Zip		
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Director Name	~A 0		Director Name				
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8,000 not	nas value Con	mmon	4,000	Common	N.P.V.		
This report mu		EILED	ce President, Secretary, Assista	int Secretary, Treasurer, Ro	eceiver or Trustee		
	M	AR 12 2004					
File Date	Ву	1 C 237:		riury. I declare and affirm that pranying schedules and stater true and correct.			
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Check No.	-	317 Li 2 Andráidí	7.) ROBEA Print or Type Name of		115		
FOR SECRETAR	Y OF STATE USE ONLY	= [03M3038]	Λ	esident			

Title of Officer



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 __ 2003

Filing Period: January (FORM MUST BE TYPED O		Filing Fee: \$50.00					
1 Corporate ID No.	2 Name of Corps		ala mana				
j 945/ 3. Street Address Principal Bi	usiness Office	C., INC.	GO MONA DUM	1A15 State	7:0		
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Secretary Name	J	1	Treasurer Name				
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9. NAMES AND ADDR	 ESSES OF THE DIRE	 CTORS: <i>("X" BOX FQ</i> .	: R ATTACHMENT) □ FILL 1!	 	G ATTACHMENTS		
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Director Name NOV.L	••••••••••••	······································	Director Name NO N) <u>E</u>			
Street Address		<u> </u>	Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORI	 	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHM	(IENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value		
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•							
This report mu	ist be signed in ink by	either the fresiden	ice President, Secretary, Assista	nt Secretary, Treasurer, R	ecciver or Trustee		
		MAR 12 20	004				
		By Kinne	including an Ancore		t I have examined this repor- ments, and that all statement		
		一 こ み3	(1) contained befein age	true and correct.	•		
File Date		FO IN EN !!	7 61 Signature of Officer	m	Date		
Check No.			Propos	-A. Dumais	Date		
Ву:			Print or Type Name o	Officer			
FOR SECRETARY	OF STATE USE ONLY	CEINED		dent			
<u> </u>			Title of Officer				

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



1. Corporate ID No.	2. Name of Corporation	on	••	-	
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119451	M.M.C., INC	C/0 Rob	ert A. Wui	mals	
3. Street Address Principal Busines 14 Fox 9/0V 4. Business Phone No.	e Orive	5. State of Incorporation	ert A. Du. Cranston		2ip 02926 6. SIC Code
401-944- 7. Brief Description of the Charact	6508 ter of Business Conducted in .	RHOUE ISLAND Rhode Island	, , , ,	11 1	1 728
7. Brief Description of the Charact TO ENGAGE 8. NAMES AND ADDRE President Name Pohoct	IN CONSU SSES OF THE OFFIC	ILTING OS IT ERS ("N"HOX FOR ATTACE	MENT) FILLIN SPACES	The medic a Before using attack	protessi Ments
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Secretary Name			Treasurer Name	•	
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9. NAMES AND ADDRE Director Name Street Address	SSES OF THE DIREC	Zip CTORS ("X" HOX FOR ATTA	:	State	
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9. NAMES AND ADDRE Director Name Street Address City Director Name Street Address	SSES OF THE DIRECT State State	TORS ("X" HOX FOR ATTA Zip	CHMENT) FILL IN SPACE Director Name Street Address City Street Address City 11. SHARES ISSUED (**)	S REFORE USING ATTAI	CHMENTS Zip
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File Date:	2.25.02
Check No.:	10Xo
Ву:	2
FOR SECRETA	RY OF STATE USE ONLY

Under penalty of perjury, I desia	e and affirm that I have examined
	panying schedules and statements, and
that all may ments contained bei	ein are true and correct.
1/1/ / Dun	ras 2-23-02
Security of Officer	Date
· Robert A. K	Jumais
Print or Type Name of Officer	
- President	
Title of Officer	Form 630 12/01
د حشدنك	Form 630 12/01