



STATE OF RHODE ISLAND AND PROVIDENCE

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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 OR PRINTED IN BLACK)

1. Corporate ID No. 119451		2. Name of Corporation M.M.C., INC			
3. Street Address Principal Business Office 14 Foxglove Drive		City Cranston		State RI	Zip 02920
4. Business Phone No. 401 944-6508		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN CONSULTING AS IT RELATES TO THE MEDICAL PROFESSION, MEDICAL BILLING, REVIEWING MEDICAL CONTRACTS AND DRUG BENEFITS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MONA DUMAIS			Vice President Name		
Street Address 495 Foxglove Drive 495 PURCHASE ST			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			ADME		

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



File Date	_____
Check No.	_____
By	_____
FOR SECRETARY OF STATE USE ONLY	

FILED
MAR 07 2005
BY AMK
59235

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 Mona J Dumais Date 3-1-05
Print or Type Name of Officer MONA J DUMAIS
Title of Officer President



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
401.222.3040PROFIT 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 <u>119451</u>		2. Name of Corporation <u>M.M.C., Inc c/o MONA DUMAIS</u>			
3. Street Address Principal Business Office <u>14 Foxglove Drive</u>			City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
4. Business Phone No. <u>401-944-6508</u>		5. State of Incorporation <u>Rhode Island</u>			6. SIC Code <u>✓ 7286</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>TO ENGAGE IN CONSULTING AS IT RELATES TO THE Medical Profession</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>ROBERT A. DUMAIS</u>			Vice President Name <u>ROBERT A. DUMAIS</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>None</u>			Director Name <u>none</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>none</u>			Director Name <u>none</u>		
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
<u>8,000</u>	<u>no par value</u>	<u>Common</u>	<u>4,000</u>	<u>Common</u>	<u>N.P.V.</u>

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

FILED

MAR 12 2004

By KME
C23733

File Date	<u>Mar 11 21 2004</u>
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 <u>[Signature]</u>	Date
Print or Type Name of Officer <u>ROBERT A. DUMAIS</u>	
Title of Officer <u>President</u>	



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 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No. <u>119451</u>		2 Name of Corporation <u>M.M.C., INC. c/o MONA DUMAIS</u>									
3 Street Address Principal Business Office <u>14 Foxglove Drive</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>							
4 Business Phone No. <u>401-944-6568</u>		5 State of Incorporation <u>RHODE ISLAND</u>		6 SIC Code <u>✓ 7286</u>							
7 Brief Description of the Character of Business Conducted in Rhode Island <u>TO ENGAGE IN CONSULTING AS IT RELATES TO THE MEDICAL PROFESSION</u>											
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <u>ROBERT A. DUMAIS</u>		Vice President Name <u>ROBERT A. DUMAIS</u>									
Street Address <u>Same</u>		Street Address <u>Same</u>									
City	State	Zip	City	State	Zip						
Secretary Name		Treasurer Name									
Street Address		Street Address									
City	State	Zip	City	State	Zip						
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name <u>NONE</u>		Director Name <u>NONE</u>									
Street Address		Street Address									
City	State	Zip	City	State	Zip						
Director Name <u>NONE</u>		Director Name <u>NONE</u>									
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	
<u>8,000</u>		<u>no par value</u>		<u>Common</u>		<u>4,000</u>		<u>Common</u>		<u>N.P.V.</u>	

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

FILED

MAR 12 2004

By Kare

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File Date	FO
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

Date

ROBERT A. DUMAIS

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

119451

M.M.C., INC

3. Street Address Principal Business Office

14 Foxglove Drive

4. Business Phone No.

401-944-6508

5. State of Incorporation

RHODE ISLAND

c/o Robert A. Dumais
Cranston RI

Zip

02920

6. SIC Code

✓ 7286

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

To engage in consulting as it relates to the medical profession

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

President Name

Vice President Name

Robert A. Dumais

Robert A. Dumais

Street Address

Street Address

Same

Same

City State Zip

City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

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

Director Name

None

None

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

None

None

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

8,000 NO PAR VALUE

Common

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

ISSUED SHARES

Number of Shares Class/Series Par Value

4,000

Common

N.P.V.

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



* 1 1 9 4 5 1 *

File Date: 2-25-02

Check No.: 1006

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] 2-23-02
Signature of Officer Date

Robert A. Dumais
Print or Type Name of Officer

President
Title of Officer