



**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. 119254		2. Name of Corporation Charles M. Collins, MD, LTD.			
3. Street Address Principal Business Office 42 Valley Road			City Middletown	State RI	Zip 02842
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE OPHTHALMOLOGY, OPTOMETRY AND OPTICAL SERVICES, INCLUDING SURGERY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles M Collins			Vice President Name same		
Street Address 68 Col. Chris Green Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name same			Treasurer Name same		
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 Charles M Collins			Director Name		
Street Address 68 Col Chris Green Road			Street Address		
City Portsmouth	State RI	Zip 02871	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"/>					
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
1,000 COMM NO PAR VALUE		NPV	0		NPV

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



3.1.05  
File Date \_\_\_\_\_  
1688  
Check No. \_\_\_\_\_  
2  
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.

Charles M Collins 26 FEB 05  
Signature of Officer \_\_\_\_\_ Date  
Charles M. Collins  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>119254</b>		2. Name of Corporation <b>Charles M. Collins, MD, LTD.</b>			
3. Street Address Principal Business Office <b>42 Valley Road</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PROVIDE OPHTHALMOLOGY, OPTOMETRY AND OPTICAL SERVICES, INCLUDING SURGERY</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Charles M. Collins</b>			Vice President Name		
Street Address <b>68 Col. Chris Greene Road</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Secretary Name <b>Same as above</b>			Treasurer Name <b>Same as above</b>		
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"/>			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
<b>1,000 COMM NO PAR VALUE</b>		<b>NPV</b>	<b>0</b>		<b>NPV</b>

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



\* 1 1 9 2 5 4 \*

File Date 2-20-04  
Check No. 1020  
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.

Charles M. Collins 30 JAN 04  
Signature of Officer Date  
Charles M. Collins  
Print or Type Name of Officer  
President  
Title of Officer



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. 119254 2. Name of Corporation Charles M. Collins, MD, LTD.

3. Street Address Principal Business Office 42 VALLEY ROAD City MIDDLETOWN State R.I. Zip 02842

4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code

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

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

President Name CHARLES M. COLLINS Vice President Name  
Street Address 608 COLONEL CHRISTOPHER GREENE RD. Street Address  
City PORTSMOUTH State R.I. Zip 02871 City State Zip  
Secretary Name SAME AS ABOVE Treasurer Name SAME AS ABOVE  
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  
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)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 COMM NO PAR VALUE NPV

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
0 NPV

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



\* 1 1 9 2 5 4 \*

File Date: 5.20.03

Check No.: 908

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.

Charles M. Collins May 19, 2003  
Signature of Officer Date

CHARLES M. COLLINS  
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. 119254 2. Name of Corporation Charles M. Collins, MD, LTD.

3. Street Address Principal Business Office 42 VALLEY ROAD City MIDDLETOWN State R.I. Zip 02842  
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code

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

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

President Name <u>CHARLES M. COLLINS</u>	Vice President Name
Street Address <u>68 COLONEL CHRISTOPHER GREENBERG</u>	Street Address
City <u>PORTSMOUTH</u> State <u>R.I.</u> Zip <u>02871</u>	City State Zip
Secretary Name <u>NAME AS ABOVE</u>	Treasurer Name <u>NAME AS ABOVE</u>
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
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)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 COMM NO PAR VALUE NPV

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
5 NPV

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



\* 1 1 9 2 5 4 \*

File Date: 4-18-02  
Check No.: 373  
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.

[Signature] 13 FEB 02  
Signature of Officer Date

CHARLES M. COLLINS  
Print or Type Name of Officer

PRESIDENT  
Title of Officer