



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108959		2. Name of Corporation Medical & Dental Patient Union, Inc.			
3. Street Address Principal Business Office 95 Pitman Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 331-8426		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ASSIST PEOPLE IN OBTAINING MEDICAL AND DENTAL SERVICES AT FAIR AND REASONABLE PRICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Settupane			Vice President Name Robert J. Settupane		
Street Address 95 Pitman Street			Street Address 95 Pitman Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Robert J. Settupane			Treasurer Name Robert J. Settupane		
Street Address 95 Pitman Street			Street Address 95 Pitman 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 Robert J. Settupane			Director Name		
Street Address 95 Pitman Street			Street Address		
City Providence	State RI	Zip 02906	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					
Number of Shares		Class/Series	Par Value		
1,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
200		Common	No Par Value		

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



108959

FILED

File Date APR 26 2005

Check No. By JS

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

Robert J. Settupane

Print or Type Name of Officer

President

Title of Officer

Date

4/1/05



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 2004

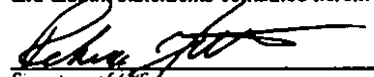
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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4. Business Phone No. (401) 331-8426		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island To assist people in obtaining medical and dental services at fair and reasonable prices					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Settupane		Vice President Name Robert J. Settupane			
Street Address 95 Pitman Street		Street Address 95 Pitman Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Robert J. Settupane		Treasurer Name Robert J. Settupane			
Street Address 95 Pitman Street		Street Address 95 Pitman 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 Robert J. Settupane		Director Name			
Street Address 95 Pitman Street		Street Address			
City Providence	State RI	Zip 02906	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 NO PAR VALUE			200	Common	No Par Value

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

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
Robert J. Settupane
Print or Type Name of Officer
President
Title of Officer
Date
4-15-04

FILED

File Date APR 22 2004

Check No. By M 2007600

By: _____

FOR SECRETARY OF STATE USE ONLY



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 OR PRINTED IN BLACK)

1. Corporate ID No. **108959** 2. Name of Corporation **Medical & Dental Patient Union, Inc.**

3. Street Address Principal Business Office **95 Pitman Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 331-8426** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To assist people in obtaining medical and dental services at fair and reasonable prices.

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

President Name Robert J. Settipane Street Address 95 Pitman Street City Providence State RI Zip 02906 Secretary Name Robert J. Settipane Street Address 95 Pitman Street City Providence State RI Zip 02906	Vice President Name Robert J. Settipane Street Address 95 Pitman Street City Providence State RI Zip 02906 Treasurer Name Robert J. Settipane Street Address 95 Pitman Street City Providence State RI Zip 02906
--	---

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

Director Name Robert J. Settipane Street Address 95 Pitman Street. City Providence State RI Zip 02906 Director Name Street Address City State Zip	Director Name Street Address City State Zip Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES <table border="0"><tr><td>Number of Shares</td><td>Class/Series</td><td>Par Value</td></tr><tr><td>1,000 NO PAR VALUE</td><td></td><td></td></tr></table>	Number of Shares	Class/Series	Par Value	1,000 NO PAR VALUE			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES <table border="0"><tr><td>Number of Shares</td><td>Class/Series</td><td>Par Value</td></tr><tr><td>200</td><td>Common</td><td>No Par Value</td></tr></table>	Number of Shares	Class/Series	Par Value	200	Common	No Par Value
Number of Shares	Class/Series	Par Value											
1,000 NO PAR VALUE													
Number of Shares	Class/Series	Par Value											
200	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 0 8 9 5 9 *

4-29-03

File Date: _____

Check No.: 1002

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] 3/1/03
Signature of Officer Date

Robert J. Settipane
Print or Type Name of Officer

President
Title of Officer

5



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.

108959

2. Name of Corporation

Medical & Dental Patient Union, Inc.

3. Street Address Principal Business Office

95 Pitman Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

(401) 331-8426

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

To assist people in obtaining medical and dental services at fair and reasonable prices.

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

President Name

Robert J. Settipane

Vice President Name

Robert J. Settipane

Street Address

95 Pitman Street

Street Address

95 Pitman Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Robert J. Settipane

Treasurer Name

Robert J. Settipane

Street Address

95 Pitman Street

Street Address

95 Pitman Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

Director Name

Robert J. Settipane

Director Name

Street Address

95 Pitman Street

Street Address

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

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 0 8 9 5 9 *

File Date: 4-9-02

Check No.: 5016912

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] 3/1/02
Signature of Officer Date

Robert J. Settipane

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108959** 2. Name of Corporation **Medical & Dental Patient Union, Inc.**
3. Street Address Principal Business Office City State Zip
95 Pitman Street Providence RI 02906
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 331-8426 RHODE ISLAND 0

7. Brief Description of the Character of Business Conducted in Rhode Island
To assist people in obtaining medical and dental services at fair and reasonable prices.

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

President Name Robert J. Settipane Street Address 95 Pitman Street City State Zip Providence RI 02906	Vice President Name Robert J. Settipane Street Address 95 Pitman Street City State Zip Providence RI 02906
Secretary Name Robert J. Settipane Street Address 95 Pitman Street City State Zip Providence RI 02906	Treasurer Name Robert J. Settipane Street Address 95 Pitman Street City State Zip Providence RI 02906

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

Director Name Robert J. Settipane Street Address 95 Pitman Street City State Zip Providence RI 02906	Director Name Street Address City State Zip
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 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 0 8 9 5 9 *

File Date: 3/14-01

Check No.: 1005

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 of Officer [Signature] Date 3/14/01

Robert J. Settipane

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

108959

Medical & Dental Patient Union, Inc.

3. Street Address Principal Business Office

City

State

Zip

95 Pitman Street

Providence

RI

02906

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401)331-8426

RHODE ISLAND

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

To assist people in obtaining medical and dental services at fair and reasonable prices.

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

President Name

Vice President Name

Robert J. Settipane

Robert J. Settipane

Street Address

Street Address

95 Pitman Street

95 Pitman Street

City

State

Zip

City

State

Zip

Providence

RI

02906

Providence

RI

02906

Secretary Name

Treasurer Name

Robert J. Settipane

Robert J. Settipane

Street Address

Street Address

95 Pitman Street

95 Pitman Street

City

State

Zip

City

State

Zip

Providence

RI

02906

Providence

RI

02906

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

Director Name

Director Name

Robert J. Settipane

Street Address

Street Address

95 Pitman Street

City

State

Zip

City

State

Zip

Providence

RI

02906

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

Common

No Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No Par Value

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

File Date: 9/11/00

Check No.: 1004

By: CCF

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 J. Settipane

Print or Type Name of Officer

President

Title of Officer