

# 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
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 108959 Medical & Dental Patient Union, Inc. 3 Street Address Principal Business Office 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 Robert J. Settipane Robert J. Settipane Street Address Street Address 95 Pitman Street . 95 Pitman Street City State State Providence 02906 Providence RI 02906 Secretary Name Treasurer Name Robert J. Settipane Robert J. Settipane Sirect Address Street Address 95 Pitman Street 95 Pitman Street State Cin State Zip Providence 02906 RI 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 Sireci Address 95 Pitman Street State Z.(p City Zip. Providence RΙ 02906 Director Name Street Address Street Address City State 2.40 Cin Siaic Z.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 begein are true and correct. in Lite File Date Signature of Officer Robert J. Settipane Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



1,000 NO PAR VALUE

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

No Par Value

Common

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2004</u>

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate 1D No. 108959 Medical & Dental Patient Union, Inc. 3. Street Address Principal Business Office State City 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) I 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 City Zip 02906 Providence RI . Providence 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 RΙ 02906 RI Providence 02906 Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS CX" BOX FOR TACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Robert J. Settipane Street Address Street Address 95 Pitman Street State Zip ·City State City Providence RI 02906 Director Name Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series

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

200

	Under penalty of perjury, I declare and affirm that I have examined
FILED	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date APR 2 2 2004	Signature of Officer Date
Check No. By W 300 6010	Robert J. Settipane Print or Type Name of Officer
By:	President President
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 630 12/0

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

## 2003

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED OR PRINT	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora				
108959		ental Patient Union, Inc.	<b>a</b> ):	<b>4</b>	<b>-</b> 1.
3. Street Address Principal Business	Office		City	State	Zip
95 Pitman Street 4. Business Phone No.		5. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 331-8426 7. Brief Description of the Character	of Business Conducted i	RHODE ISLAND in Rhode Island			0
To assist people 8. NAMES AND ADDRESS President Name		_	ntal services at fa HMENT) FILL IN SPACES E Vice President Name	ir and reasonab SEFORE USING ATTAC	
Robert J. Settip	ane		Robert J. Sett	ipane	
95 Pitman Street			95 Pitman Stre	et	
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02906	Providence . Treasurer Name	RI	. 02906
Robert J. Settip	ane		Robert J. Sett	ipane	
95 Pitman Street			95 Pitman Stre	et	
City	State	Zip	City	State	Zip
Providence 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIR	02906 ECTORS ("X" BOX FOR ATT	Providence ACHMENT) FILL IN SPACE Director Name	RI S BEFORE USING ATTA	02906 ACHMENTS
Robert J. Settip	ane		Street Address		
95 Pitman Street		Zip	City	State	Zip
Providence Director Name	RI	02906	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMENT	)
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

**₹**> 3

	* 1 0 8 9 5 9 *
File Date:	4-29-03
Check No.:	1002 Di
FOR SECRETARY	Y 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. Settipane Print or Type Name of Officer

Common

No Par Value



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

	OP RIAD
DITAN	TIONS

(FORM MUST BE TYPED IN BLAC	κ)					
1. Corporate ID No.	2. Nan	ne of Corporation				
108959	M	edical & Dental	Patient Union, Inc	€.		
3. Street Address Principal Business O	(fice			City	State	Zip
95 Pitman Street  4. Business Phone No.			S. State of Incorporati	Providence	RI	02906 6. SIC Code
(401) 331-8426			RHODE ISLA	ND		0
7. Brief Description of the Character of To assist people	(Business In ob	Conducted in Rhod taining me	edical and d	ental services at fai	ir and reasona	ble prices.
8. NAMES AND ADDRESS! President Name	ES OF 1	THE OFFICER	S ("X" BOX FOR AT	TACHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTA	CHMENTS
Robert J. Settipa: Street Addiess	ne			Robert J. Setti	pane	
95 Pitman Street	State		Zip	95 Pitman Stree	State	Zip
Providence Secretary Name		ŖĮ	02906	Providence Treasurer Name	RI	02906
Robert J. Settipa:	ne			Robert J. Setti	pane	
95 Pitman Street				95 Pitman Stree	et .	
Providence	State	RI	02906	City Providence	State RI	<sup>zip</sup> 02906
9. NAMES AND ADDRESSI Director Name	ES OF 1	THE DIRECTO	ORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES  Director Name	BEFORE USING ATT	
Robert J. Settipa:	ne			Street Address		
95 Pitman Street City Providence	State	RI	<sup>Z(p</sup> 02906	. City	State	Zip
Director Name			· •• •• •• · ·	Director Name		
Street Address				Street Address		
City	State		Zip	City	State	Zip
10. SHARES AUTHORIZED	(*X* BO	X FOR ATTACHM	ENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHMEN	· (T)

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

Number of Shares

200



Class/Series

Par Value

Number of Shares

1,000 NO PAR VALUE

File Date:	4.9-02		
	5016912		
By:	ai	_	
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.

MI

Class/Series

Common

Robert J. Settipane

Print or Type Name of Officer

President

Signature of Officer

Title of Officer **₹** 

Form 630 12/01

Par Value

No Par Value



## 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.
		1 (	18050

2. Name of Corporation

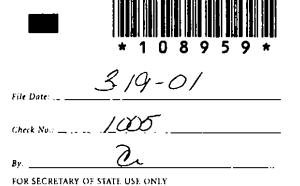
Medical & Dental Patient Union, Inc.

3. Street Address Principal Business Office	City	State	Zip
95 Pitman Street	Providence	RI	02906
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 peop	le in obtaining	g medical and d	ental services at fa	ir and reasonab	le prices.
8. NAMES AND ADDI	RESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTAC	
President Name			Vice President Name		
Robert J. Sett	ipane		Robert J. Setti	pane	
Street Address			Street Address		
95 Pitman Stre	-		95 Pitman Stree	t	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		
Robert J. Sett:	ipane		Robert J. Setti	.pane	
Street Addréss			Street Address		
95 Pitman Stree	et		95 Pitman Stree	t	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	ACHMENTS
Robert J. Sett:	ipane				
Street Address	•		Street Address		
95 Pitman Stree	et				
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 AUTHOR	IZED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMENT	")
AUTHORIZED SHARES			ESSUTED 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

Date

Robert J. Settipane
Print or Type Name of Officer

President

Title of Officer



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

PROFIT CORF			PORT FOR THE	E YEAR _2000	TI M RUM
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corpora	ition			
108959		Medical & D	ental Patient Unior	ı. Inc.	
3. Street Address Principal Busines	s Office		City	State	Zip
95 Pitman Stre	et		Providence	RI	02906
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401)331-8426		RHOD	E ISLAND		
7. Brief Description of the Charact	er of Business Conducted				
To assist peop 8. NAMES AND ADDRES President Name			ental services at i CHMENT) FILLIN SPACES I Vice President Name	air and reason	<del>-</del>
Robert J. Sett Street Address	ipane		Robert J. Sett	ipane	
95 Pitman Stre	et		95 Pitman Stre	eet	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		
Robert J. Sett Street Address	ipane		Robert J. Sett Street Address	ipane	
95 Pitman Stre	et		95 Pitman Stre	et	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
Robert J. Sett Street Address	ipane		Street Address		
95 Pitman Stre	et				
City	State	ZIp	City	State	Zip
Providence Director Name	RI	02906	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMEN	<i>T</i> )
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

No Par Value

File Date:	9/11/00	
Check No.:	1004	
Вуг	ca	

Common

1,000

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Common

No Par Value

Signature of Officer

Robert J. Settipane Print or Type Name of Officer

President

200

Title of Officer