

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: Januar		Filing Fee: \$50.00	ONLIGHT		
FORM MUST BE TYPEI					
I. Corporate ID No.	2. Name of Cor		1 4 4		
71261		rk Medical Associates		- 	
3. Street Address Principal 1243 POST ROAD			City	State	Zip
4. Business Phone No.	, 		WARWICK	į RI	02888
4019412999		5. State of Incorpora			6 SIC Code
					9217
7. Brief Description of the RENDERING PROFES	SSIONAL SERVICE	S AS PHYSICIANS.			
rresident Name		FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING A	ITACHMENTS
Joseph A. Grand	de, D.O.		•		
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1243 Post Road					
City	State	Zip	City	State	Zip
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Joseph A. Grand	de DO		Treasurer Name	d- D-O	
Street Address			Joseph A. Gran	ue, D.U.	
1243 Post Road		•	1		
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				RI	02888
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Joseph A. Grand	de, D.O.		•		
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1243 Post Road			,		
City	State	Zip	City	State	Zip
Warwick	RI	02888		(Aute	
Director Name	· · · · · · · · ·		Director Name		
Street Address	*		Street Address		· · · · · · · · · · · · · · · · · · ·
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Ph. I			<u> </u>	<u> </u>	
This report must be s	i igned in ink by ei	ther the President, Vice	President, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Truste
7 1	2 6 1		Under penalty of p	erjury, I declare and affirm	that I have examined
			this report, including	ng any accompanying sche	dules and statements,
71261 DBC 01/27	'/05 12:48:46 PM		and that all statement	ents contained herein are tr	ue and correct.
File Date 2-	-17-05		4/		
				V/ NCe	m 2.66.05
Check No 5	634		Signature of Officer	Cronds D.O	Da ie
1/				Grande, D.O.	
Ву	<u> </u>		Print or Type Name of	oj O jj icer	
FOR SECRETARY OF ST	TATE USE ONLY		President		
			Title of Officer	.	Form 630 12/0



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3049

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYP	PED IN BLACK)	g - cc- c50,00			
1. Corporate ID No.	2 Name of Con			14 mg	* min
71261	Pilgrim Pa	rk Medical Associates.	, Ltd.		
3. Street Address Principal 1243 Post Ro			City	State	Zip
4. Business Phone No.	<u>au</u>		Warwick	RI	02888
401-941-299	٥	5. State of Incorpora	tion		6. SIC Code
		Rhode Island			9217
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i ·			Vice President Name	SPACES REPORT USING A	TIACHNENTS REPASSAGE
Joseph A. Gra	inde, D.O.		•		
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1243 Post Roa					
<i>City</i> Warwick	State	Zip	City	State	Zip
Secretary Name	RI	02888		· · · · ·	, , , , , , , , , , , , , , , , , , , , , ,
Joseph A. Gra	inde DO		Treasurer Name	-d- p o	
Street Address			Joseph A. Gra	nde, D.O.	
1243 Post Roa	ıd		Street Address . 1243 Post Roa	a.	
City	State	Zip			
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Joseph A. Gra	inde, D.O.		•		
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1243 Post Roa	ıd		•		
City	State	Zip	City	State	Zip
Warwick	RI	02888	• ′		1
Director Name			Director Name		
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This report must be	signed in ink by eit	her the President, Vice	President Secretory As	sistant Secretary Trans	urer, Receiver or Trustee
		·			arei, neceiver or trustee
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,	1 2 0 1		Under penalty of	perjury, I declare and affirm	that I have examined
			and that all statem	ing any accompanying sched ents contained herein are th	Jules and statements,
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Check No. 5418	· •		Simple une of Officer	1122	Date
Check No. 37 [6		—	/ Joseph A.	Grande, D.O.	
B_{V} Q			Frint or Type Name		
FOR SECRETARY OF	CTATE HOW ON	-	President		
FOR SECRETARY OF	STATE USE ONLY		Title of Officer		Form 630 12/01

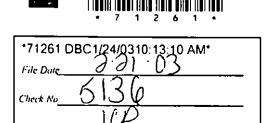


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Mutthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

Office of the Secretary of State 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 IN BLACK) I Corporate ID No. 2. Name of Corporation *71261* Pilgrim Park Medical Associates, Ltd. 3. Street Address Principal Business Office City State Zip 1243 POST ROAD WARWICK RI 02888 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019412999 RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL SERVICES AS PHYSICIANS. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph A. Grande, D.O. Street Address Street Address 1243 Post Road City State Zip Cify Warwick ·RI 02888 Secretary Name Treasurer Name Joseph A. Grande, D.O. Joseph A. Grande, D.O. Street Address Street Address 1243 Post Road 1243 Post Road Cay State City State RI Warwick 02888 . Warwick RI 02888 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Joseph A. Grande, D.O. Street Address Sircei Address 1243 Post Road City State Z_{IP} City State Warwick 02888 RΙ Director Name Director Name Sircet Addiess Sirvei Address City Zip City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Cluss/Series Number of Shares 600 COMM NO PAR VALUE . 100 No Par Value Common

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, 1 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.

Joseph A. Grande, D.O.

Front or Type Name of Officer

President

Form 630 12/01

71261

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

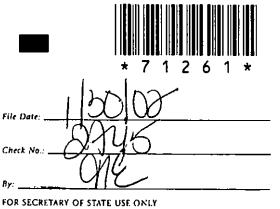
Pilorim Park Medical Associates 1 td

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation



3. Street Address Principal Business O	office	•	City	State	Zip
1243 Post Road 4. Business Phone No.		5. State of Incorporation RHODE ISLAND	Warwick	RI	02886 6. SIC Code 9217
7. Brief Description of the Character o	of Business Conducted in	Rhode Island			
Rendering professi 8. NAMES AND ADDRESS President Name			MENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTAC	HMENTS
Dr. Joseph Grande Street Address			Street Address		
1243 Post Road	State	Zip	City	State	Zip
Warwick Secretary Name	RI	02886	Treasurer Name		
Dr. Joseph Grande Street Address			Dr. Joseph Grande	2	
1243 Post Road	State	Zip	1243 Post Road	State	Zıp
Warwick 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIREC	02886 CTORS (*x* box for attra	Warwick CHMENT) FILL IN SPACES Director Name	RI BEFORE USING ATTA	02886 ACHMENTS
Dr. Joseph Grande			Street Address		
1243 Post Road	State	Zip	City	State	Zip
Warwick Director Name	RI	02886	Director Name		•
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10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	7)
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			100	Common	No Par

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.

øoseph Grande

Print of Type Name of Officer

President

Title of Officer 4₽ S

Form 630 12/01

Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

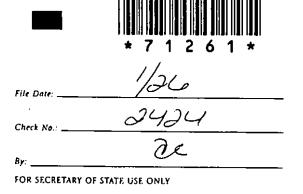
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

Corporate ID No. 71261	2. Name of Corpor Pilgrim	^{atlon} Park Medical <i>I</i>	Associates, Ltd.		
l. Street Address Principal Business	Office		City	State	Zip
1243 Post Road			Warwick	· RI	02886
). Business Phone No.		S. State of Incorpor		112	6.¥2°14
. Brief Description of the Characte	r of Business Conducted	in Rhode Island			
Rendering profess	sional servi	ces as physicia	ans		
B. NAMES AND ADDRES President Name				BEFORE USING ATTA	CHMENTS
Dr. Joseph Grande	2				
treet Address			Street Address		•
1243 Post Road					
City	State	Zip	City	State	Zip
Warwick,	RI	02886			
ecretary Name			Treasurer Name		••
Dr. Joseph Grande	2		Dr. Joseph	Grande	
lreet Address			Street Address		
1243 Post Road			1243 Pa	st Road	
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Warwick	RI	02886	,		
lirector Name			Director Name	• .	• • •
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ity	State	Zip	City	State	Zip
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600 SHS COMM NO	PAR VALUE		•		
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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 systements contained herein are true and correct.

Dr. Joseph Grande

Print or Type Name of Officer

President

rresidei

Title of Officer

Date

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)

71261	Pilgrim Park Medical A	ssociates, Ltd.		
Street Address Principal Business	Office	City	State	Zip
1243 Post Road		Warwick	RI	02886
Business Phone No.	5. State of Income	ration		6. SIC Code

4. Business Phone No.	5. State of Incorporation RHODE ISLAND	6. SIC Code 9217
7. Brief Description of the Character of Business Co	nducted in Rhode Island	
Rendering professional s	ervices as physicians	
8. NAMES AND ADDRESSES OF TH	E OFFICERS ("X" BOX FOR ATTACHMENT)	FILL IN SPACES BEFORE USING ATTACHMENTS
President Name	Vice Pr	esident Name
Dr. Joseph Grande		
*****	Canada .	A 4 A

1243 Post Road City City State State Zio Warwick 02886

Secretary Name Treasurer Name Dr. Joseph Grande Dr. Joseph Grande

Street Address Street Address

1243 Post Road 1243 Post Road

Warwick RI 02886 02886 Warwick RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Director Name

Dr. Joseph Grande Street Address Street Address

1243 Post Road

City Cliv State State Zip

02886 Warwick Director Name Director Name

Street Address Street Address

City City :

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

AUTHORIZED SHARES ESSUED SHARES

Number of Shares Class/Series Number of Shares Class/Series Par Value Par Value

600 SHS COMM NO PAR VALUE 100 No Par

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

this report, including any accompanying schedules and statements, and that all statements contained befein are true and correct. Dr. Joseph Grande

Print of Type Name of Officer President

FOR SECRETARY OF STATE USE ONLY Title of Officer Common

Under penalty of perjury, I declare and affirm that I have examined

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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED IN B	LACK)				
. Corporate ID No.	2. Name of Corporal	ion			
71261		k Medical Associate		• - +.	
1. Street Address Principal Busine 1243 Post Road	ess Office		CHY Warwick	State	02886
. Business Phone No.		5. State of Incorporation	,		6. SIC Code
941-2999 T. Brief Description of the Charac	cter of Business Conducted i	RHODE ISLAI n Rhode Island	1 D		9217
Rendering profe B. NAMES AND ADDRE	essional services of the Offi	ces as physician CERS (*x* BOX FOR ATTA	S CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Dr. Joseph Gran	ıde	- -	Street Address		
1243 Post Road			•		
City Warwick	State RI	02886	City	State	Zip
ecretary Name Dr. Joseph Gran	nđe į	, , • • · • · · · · · · · · · · · · · · ·	Dr. Joseph Gr	ande	
treet Address 1243 Post Road		; · · · · ·	Street Address	<u>-</u>	
City -	State	CZIP	1243_Post_Roa	State	Zip
Warwick	RI	02886	Warwick	RI	02886
Director Name Dr. Joseph Grai Street Addiess 1243 Post Road	ade	· · · · ·	Director Name	-	
Warwick	State RI	02886	City	State	Zip
Director Name	*		Director Name		••••••
Street Address	•		Street Address	-· - -	
Cuy "	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED ("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
600 SHS COMM N	O PAR VALUE		100	Common	No Par
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Material 2011		h	e President, Secretary, As	-: T	Dag-! '

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File Date:	Feb Olia	<u>q</u>
Check No.:	3228	<u>/7</u> \u
By:FOR SECRETARY	OF STATE USE ONLY	/ U

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. Signatur Dr. Joseph Grande

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 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

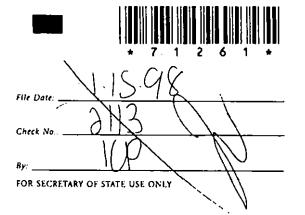
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

71261	Pilgrim Park	Medical Associat	es, Ltd.		
3. Street Address Principal Busir	ness Office		City	State	Zip
1243 Post Road		5. State of Incorporati	Warwick	RI	02886 8 6. SIC Code
941-2999		RHODE ISLA	•		9217
. Brief Description of the Chara	octer of Business Conducted in				02.77
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B. NAMES AND ADDR					
President Name			Vice President Name		
Dr. Joseph Gra	nde				
itreet Address			Street Address		
1243 Post Road					
Sity	State	Zip	City	State	Zip
Warwick	RI	02886			
secretary Name			Treasurer Name		
Dr. Joseph Gra	nde		Dr. Joseph Gran	ıde	
Street Address			Street Address		
1243 Post Road			1243 Post Road		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886 8
9. NAMES AND ADDR Director Name	RESSES OF THE DIRE	CTORS (*X* BOX FOR)	ATTACHMENT) Director Name		
Dr. Joseph Gran	nde		·		
itreet Address			Street Address		•
1243 Post Road					
City	State	Zip	City	State	Zip
Warwick	RI	02886	•		
Director Name	•		Director Name	•	• • • • • • • •
itreet Address			Street Address		
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10. SHARES AUTHORI	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS COMM N	O PAR VALUE		100	Common	No Par

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.

Dr. Joseph Grande

Print or Type Name of Officer

President

Title of Officer



Jumes R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READWING RUCHONS

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	(Cr)				GOMPLETIN
1. Corporate ID No.	2. Name of Corporal				THIS FORM
71261	Pilgrim Pa	ark Medical Associ	ates, LTD.		
3. Street Address Principal Business 1243 Post Road	Office		_{City} Warwick	State RI	^{Z1p} 02888
4. Business Phone No. 941–2999		5. State of incorporation RHODE	ISLAND		6. SIC Code 9217
7. Brief Description of the Characte Rendering profes		n Rhode Island Ces as physicians			
8. NAMES AND ADDRES	SES OF THE OFFI	CERS (*X* BOX FOR ATTACH)	MFNT)	•	
President Name Dr. Joseph Grand			Vice President Name		
Street Address 1243 Post Road			Street Address		
CHy Warwick	State RI	02888	City	State	Zip
Secretary Name Dr. Joseph Grand	le		Treasurer Name Dr. Joseph G	rande	
Street Address 1243 Post Road			Street Address 1243 Post Ro	ad	
^{Chy} Warwick	State RI	02888	· city Warwick	State RI	^{zip} 02888
9. NAMES AND ADDRES	SES OF THE DIRE	ECTORS ("X" BOX FOR ATTAC	CHMENT)	•	
Director Name	seph Grande		Director Name		
Street Address 1243 Post	: Road		Street Address		
^{City} Warwick	State RI	^{Zip} 02888	City	State	Zip
Director Name		• • • • • • • • • •	Director Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
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10. SHARES AUTHORIZE AUTHORIZED SHARES	ED AND ISSUED	'X" BOX FUR ATTACHMENT) -	NG		
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600 SHS COMM NO			100	COMMON	NO PAR
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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, an
File Date: 74/G	that all statements contained herein are true and correct. Granture of forficer Date
Check No.:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tile of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

		PLEASE I THE UK P	RINT IN BLACK INK.	 		
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71261	Pilgri	m Park Medical	Associates, Ltd.			
TREET ADDRESS PRINCIPAL BUSINESS OF			atr	STATE	ZIP C00€	
	re Road 1243		Warwick	RI	0288 6 8	
BUSINESS PHONE NO. 5. STATE OF INCORPORATION				6. SIC 000E		
941-2999 RHODE IS		LAND		9217		
RIEF DESCRIPTION OF THE CHARACTER OF	BUSINESS CONDUCTED IN RHOOE IS	LAND		·		
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ESIDENT HAME			VICE PRESIDENT NAME			
Dr. Joseph Gr	ande		_1		····	
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v Warwick	STATE RI	7P C006	απν	STATE	ZIP COOE	
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Dr. Joseph Grande			Dr. Joseph Grande			
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Dr. Joseph Gr	rande		1			
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	וחו	s report must be SIG	SNED IN INK by either	tne er. Receiver or Trust	ee Mari	

File Date: 3/11/96

Check No: _ 1/0 9.

By: CC

For Secretary of State Use Only

p.M.C.

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 hereig are true and correct.

Signature of Officer

_D∕r. Joseph Grande

Print or Type Name of Officer

President

Title of Officer

11/96/

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

orate ID: 71261		Annual Report for the year: 1995		
nil-wim North	Medical Associate	s. Ltd.		
Name of Corporation: Pligfilm Park Business entity organized under the laws of the State of For foreign entity, address and telephone number of pr	Business Entity is (check one): [] Business Corporation (See RIGL Chapter 7-1.1) [X] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: ()		Brief statement of t Rendering	he character of business con professional ser	ducted in Rhode Island:
Address and telephone of the principal office of busing Island (Provide street address - Not P.O. Box): Dr. Joseph Grande	ess entity in Rhode	physician	S	
3288 West Shore Road Warwick, RI C)285 Phone: (401) 941-2999				
	THE NAMES OF TH	IF OFFICERS ARE		
PRESIDENT	STREET ADD	RESS	CTIYATATE	ZIP CODE
Dr. Joseph Grande	3288 West -	Shore Road	Warwick, RI	U L S T T
		nree .	CITY/STATE	ZIP CODE
SECRETARY	STREET ADD		Warwick, RI	97750
Dr. Joseph Grande	3288 West-	PESS	CTTY/STATE	ZIP COD€
Dr. Joseph Grande	1243 7051 3288 West	Shroe Road	Warwick, RI	01855
	THE NAMES OF TH	E DIRECTORS AR	E:	ZIP CODE
Dr. Joseph Grande NAME	STREET ADS 3288 West STREET ADS	Shore Road	Warwick, RI	O2 t8 \$ ZIP CODE
NAME STREET AD		DRESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)			
Number of Shares Class / Series		Number of Shares	Class / Series	
600 Common	No Par Value	-100	Common	No Par Value
Date 22 February. 19		4,6	JUSSEPH A GRA	N 1 E
Form 31 1/85		YPENANTE OF OFFICER SIGNIA FFICER SIGNING		
	TED REGISTERED AG		E OF PROCESS:	
DESIGNA				

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED

FEB 2 3 1995

By RAR # 684

Filing Fee \$50.00 Payable to: Secretary (e State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually
LLC Sept 1: Nov 1
CORP Jan 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	Annual Report for the year:1994			
Name of Business EntityPilgrim Park Medical Association	iates, Ltd.			
Business entity organized under the taws of the State of Rhode Island Federal Taxpayer Identification Number For roreign entity, address and telephone number of principal officer	Business Entity is (check one): [
·	Name, tale and mailing address of contact person to whom communications may be directed Bruce A. Wolpert, Esquire			
Phone ()	Hines, Patz and Wolpert, Inc. 500 Turks Head Building			
Address and telephone of the principal office of business entity in Rheide Island (Provide street address - Not P.O. Box) Dr. Joseph Grande	Brief statement of the character of business conducted in Rhode Island. Rendering professional services as			
3288 West Shore Road 1243 Past 125	physicians			
Warwick, RI 02885	Date of Organization 2/5/93			
Phone (-401) 941-2999	Date of Qualification to do business in Rhode Island (if foreign entity)			
<u> </u>				
THE NAMES OF T	HE OFFICERS ARE: DRESS CONSTAIR 2000			
Dr. Joseph Grande 3288 Went	Shore-Rd+ Warwick, RI			
[] CHIEF OPERATING OFFICER OR [] NK PRESIDENT CHEE ORG STREET AD				
U CUSTORIORO GERETOROS (전 STORET ARY CHER DATE) STRUCT AR Dr. Joseph Grande Same as				
() OHOM ENASYSM OFFICEROR OF TREASURER (ONC. OFFI STREET AS Dr. Joseph Grande Same as				
	IE DIRECTORS ARE:			
Dr. Joseph Grande Same as a				
NAME STREET ACT	DRESS CITASTAGE ZIPCODE			
NAME. STREET AD	DRESS CONSTANT, ZIPCOST			
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)			
NUMBER 100	NUMBER 600			
CLASS Common	CLASS Common			
SERIES	SERIES (1)			
PAR VALUE OR No Par Value WITHOUT PAR	PAR VALUE OR No Par Value WITHOUT PAR			
Date 22 Secular 1994 By FRINTING	JOSEPH A. CHANNEL			
า กับมีอักกั	FRIDENT			
DESIGNATED DEGICTEDED AD DEGIN	PACT ACTIVITIES OF THE CONTROL OF TH			
OKSIGOATED IGGISTERED OR RESIDI	ENT AGENT FOR SERVICE OF PROCESS:			

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filled