



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 IN BLACK)

1. Corporate ID No. 71261		2. Name of Corporation Pilgrim Park Medical Associates, Ltd.			
3. Street Address Principal Business Office 1243 POST ROAD		City WARWICK	State RI	Zip 02888	
4. Business Phone No. 4019412999		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Grande, D.O.			Vice President Name		
Street Address 1243 Post Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Joseph A. Grande, D.O.			Treasurer Name Joseph A. Grande, D.O.		
Street Address 1243 Post Road			Street Address 1243 Post Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Grande, D.O.			Director Name		
Street Address 1243 Post Road			Street Address		
City Warwick	State RI	Zip 02888	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		
600 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
100		Common	None		

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



7 1 2 6 1

\*71261 DBC 01/27/05 12:48:46 PM\*

File Date 2-17-05

Check No 5634

By KB-

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

Joseph A. Grande, D.O.

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

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 TYPED IN BLACK)

1. Corporate ID No. 71261		2. Name of Corporation Pilgrim Park Medical Associates, Ltd.			
3. Street Address Principal Business Office 1243 Post Road		City Warwick	State RI	Zip 02888	
4. Business Phone No. 401-941-2999		5. State of Incorporation Rhode Island			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Rendering professional services as physicians.					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b> (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Grande, D.O.			Vice President Name		
Street Address 1243 Post Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Joseph A. Grande, D.O.			Treasurer Name Joseph A. Grande, D.O.		
Street Address 1243 Post Road			Street Address 1243 Post Road		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b> (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Grande, D.O.			Director Name		
Street Address 1243 Post Road			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED</b> (X BOX FOR ATTACHMENT) <input type="checkbox"/> <b>11. SHARES ISSUED</b> (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
600	Common	No Par Value	100	Common	No Par Value

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



7 1 2 6 1

File Date 3/24/04

Check No. 5418

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

Date

Joseph A. Grande, D.O.

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

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 IN BLACK)

1. Corporate ID No. \*71261\* 2. Name of Corporation Pilgrim Park Medical Associates, Ltd.  
3. Street Address Principal Business Office 1243 POST ROAD City WARWICK State RI Zip 02888  
4. Business Phone No. 4019412999 5. State of Incorporation RHODE ISLAND 6. SIC Code 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 Joseph A. Grande, D.O. Vice President Name \_\_\_\_\_  
Street Address 1243 Post Road Street Address \_\_\_\_\_  
City Warwick State RI Zip 02888 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name Joseph A. Grande, D.O. Treasurer Name Joseph A. Grande, D.O.  
Street Address 1243 Post Road Street Address 1243 Post Road  
City Warwick State RI Zip 02888 City Warwick State RI Zip 02888

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

Director Name Joseph A. Grande, D.O. Director Name \_\_\_\_\_  
Street Address 1243 Post Road Street Address \_\_\_\_\_  
City Warwick State RI Zip 02888 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 600 Class/Series COMM Par Value NO PAR VALUE

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

ISSUED SHARES  
Number of Shares 100 Class/Series Common Par Value 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.

Joseph A. Grande 1-28-03  
Signature of Officer Date  
Joseph A. Grande, D.O.  
Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

\*71261 DBC1/24/0310:13:10 AM\*  
File Date 2-21-03  
Check No 5136  
By ICP  
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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71261** 2. Name of Corporation **Pilgrim Park Medical Associates, Ltd.**

3. Street Address Principal Business Office **1243 Post Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 <b>Dr. Joseph Grande</b> Street Address <b>1243 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b> Secretary Name <b>Dr. Joseph Grande</b> Street Address <b>1243 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name  Street Address  City  State  Zip  Treasurer Name <b>Dr. Joseph Grande</b> Street Address <b>1243 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
--	--

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

Director Name <b>Dr. Joseph Grande</b> Street Address <b>1243 Post Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Director Name  Street Address  City  State  Zip  Director Name  Street Address  City  State  Zip
--	--

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>600 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 7 1 2 6 1 \*

File Date: 1/30/02  
Check No.: 2245  
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 1-9-2002  
**Dr. Joseph Grande**  
Print or Type Name of Officer  
**President**

Title of Officer





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. **71261** 2. Name of Corporation **Pilgrim Park Medical Associates, Ltd.**  
3. Street Address Principal Business Office **1243 Post Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 <b>Dr. Joseph Grande</b>	Vice President Name
Street Address <b>1243 Post Road</b>	Street Address
City <b>Warwick,</b>	City
State <b>RI</b>	State <b>RI</b>
Zip <b>02886</b>	Zip
Secretary Name <b>Dr. Joseph Grande</b>	Treasurer Name <b>Dr. Joseph Grande</b>
Street Address <b>1243 Post Road</b>	Street Address <b>1243 Post Road</b>
City <b>Warwick</b>	City <b>Warwick</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02886</b>	Zip <b>02886</b>

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

Director Name <b>Dr. Joseph Grande</b>	Director Name
Street Address <b>1243 Post Road</b>	Street Address
City <b>Warwick</b>	City
State <b>RI</b>	State
Zip <b>02886</b>	Zip
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
<b>600 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 7 1 2 6 1 \*

File Date: 1/26

Check No.: 2424

By: re

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.

Dr. Joseph Grande 1-24-01  
Signature of Officer Date

Dr. Joseph Grande  
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. **71261** 2. Name of Corporation **Pilgrim Park Medical Associates, Ltd.**  
3. Street Address Principal Business Office **1243 Post Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 <b>Dr. Joseph Grande</b>	Vice President Name _____
Street Address <b>1243 Post Road</b>	Street Address _____
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City _____ State _____ Zip _____
Secretary Name <b>Dr. Joseph Grande</b>	Treasurer Name <b>Dr. Joseph Grande</b>
Street Address <b>1243 Post Road</b>	Street Address <b>1243 Post Road</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>

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

Director Name <b>Dr. Joseph Grande</b>	Director Name _____
Street Address <b>1243 Post Road</b>	Street Address _____
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	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
<b>600 SHS COMM NO PAR VALUE</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



\* 7 1 2 6 1 \*

File Date: 3/7/00  
Check No.: 3644  
By: ec

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 Dr. Joseph Grande Date 2.29.00  
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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>71261</b>		2. Name of Corporation <b>Pilgrim Park Medical Associates, Ltd.</b>	
3. Street Address Principal Business Office <b>1243 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>941-2999</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>9217</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Rendering professional services as physicians</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Dr. Joseph Grande</b>		Vice President Name	
Street Address <b>1243 Post Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
Secretary Name <b>Dr. Joseph Grande</b>		Treasurer Name <b>Dr. Joseph Grande</b>	
Street Address <b>1243 Post Road</b>		Street Address <b>1243 Post Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Dr. Joseph Grande</b>		Director Name	
Street Address <b>1243 Post Road</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 SHS COMM NO PAR VALUE</b>		<b>100</b>	<b>Common</b>
Par Value		Par Value	<b>No Par</b>

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



\* 7 1 2 6 1 \*

File Date: **Feb 01 99**

Check No.: **3228**

By: **JG**

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

**Dr. Joseph Grande**

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  
401-277-3040



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 Associates, Ltd.

3. Street Address Principal Business Office

1243 Post Road

City

Warwick

State

RI

Zip

02886 8

4. Business Phone No.

941-2999

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

President Name

Dr. Joseph Grande

Vice President Name

Street Address

1243 Post Road

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Secretary Name

Dr. Joseph Grande

Treasurer Name

Dr. Joseph Grande

Street Address

1243 Post Road

Street Address

1243 Post Road

City

Warwick

State

RI

Zip

02886

City

State

Zip

Warwick

RI

02886 8

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Dr. Joseph Grande

Director Name

Street Address

1243 Post Road

Street Address

City

Warwick

State

RI

Zip

02886

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



\* 7 1 2 6 1 \*

File Date:

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

Dr. Joseph Grande

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  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 71261  
2. Name of Corporation Pilgrim Park Medical Associates, LTD.  
3. Street Address Principal Business Office 1243 Post Road City Warwick State RI Zip 02888  
4. Business Phone No. 941-2999 5. State of Incorporation RHODE ISLAND 6. SIC Code 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)**

President Name Dr. Joseph Grande Vice President Name  
Street Address 1243 Post Road Street Address  
City Warwick State RI Zip 02888 City State Zip  
Secretary Name Dr. Joseph Grande Treasurer Name Dr. Joseph Grande  
Street Address 1243 Post Road Street Address 1243 Post Road  
City Warwick State RI Zip 02888 City Warwick State RI Zip 02888

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name Dr. Joseph Grande Director Name  
Street Address 1243 Post Road Street Address  
City Warwick State RI Zip 02888 City State Zip  
Director Name Director Name  
Street Address Street Address  
City State Zip City State Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	SHS COMM NO 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.

File Date: 7/24/97  
Check No.: 1827  
By: CAP  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer Joseph A. Grande Date 6-23-97  
Print or Type Name of Officer  
Title of Officer President

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
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 TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>71261</b>		2. NAME OF CORPORATION <b>Pilgrim Park Medical Associates, Ltd.</b>			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b><del>3288 West Shore Road</del> 1243 Post Road</b>			CITY <b>Warwick</b>	STATE <b>RI</b>	ZIP CODE <b>02886</b>
4. BUSINESS PHONE NO. <b>941-2999</b>		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>			6. SIC CODE <b>9217</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>Rendering professional services as physicians.</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b>					
PRESIDENT NAME <b>Dr. Joseph Grande</b>			VICE PRESIDENT NAME		
STREET ADDRESS <b><del>3288 West Shore Road</del> 1243 Post Road</b>			STREET ADDRESS		
CITY <b>Warwick</b>	STATE <b>RI</b>	ZIP CODE <b>02886</b>	CITY	STATE	ZIP CODE
SECRETARY NAME <b>Dr. Joseph Grande</b>			TREASURER NAME <b>Dr. Joseph Grande</b>		
STREET ADDRESS <b><del>3288 West Shore Road</del> 1243 Post Road</b>			STREET ADDRESS <b><del>3288 West Shore Road</del> 1243 Post Road</b>		
CITY <b>Warwick</b>	STATE <b>RI</b>	ZIP CODE <b>02886</b>	CITY <b>Warwick</b>	STATE <b>RI</b>	ZIP CODE <b>02886</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b>					
DIRECTOR NAME <b>Dr. Joseph Grande</b>			DIRECTOR NAME		
STREET ADDRESS <b><del>3288 West Shore Road</del> 1243 Post Road</b>			STREET ADDRESS		
CITY <b>Warwick</b>	STATE <b>RI</b>	ZIP CODE <b>02886</b>	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
<b>10. SHARES AUTHORIZED AND ISSUED</b>					
<b>AUTHORIZED SHARES</b>			<b>ISSUED SHARES</b>		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
<b>600 SHS COMM NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par Value</b>

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.

File Date: **3/11/96**  
Check No: **1109**  
By: **CC**  
For Secretary of State Use Only

Signature of Officer  
**Dr. Joseph Grande**  
Print or Type Name of Officer  
**President**  
Title of Officer  
**3/11/96 CC**  
Date

## 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.

Corporate ID: 71261 Annual Report for the year: 1995Name of Corporation: Pilgrim Park Medical Associates, Ltd.Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☐ Business Corporation (See RIGL Chapter 7-1.1)☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Dr. Joseph Grande3288 West Shore Road - 1243 Post RoadWarwick, RI 02888Phone: (401) 941-2999

Brief statement of the character of business conducted in Rhode Island:

Rendering professional services asphysicians

## THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>1243 Post Road</u>	<u>Warwick, RI</u>	<u>02888</u>
VICE PRESIDENT	<u>3288 West Shore Road</u>	<u>Warwick, RI</u>	<u>02888</u>
SECRETARY	<u>1243 Post Road</u>	<u>Warwick, RI</u>	<u>02888</u>
TREASURER	<u>3288 West Shore Road</u>	<u>Warwick, RI</u>	<u>02888</u>

## THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Dr. Joseph Grande</u>	<u>1243 Post Road</u>	<u>Warwick, RI</u>	<u>02888</u>
<u>Dr. Joseph Grande</u>	<u>3288 West Shore Road</u>	<u>Warwick, RI</u>	<u>02888</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

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 95By: Joseph H. Grande

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

## DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

FILED

FEB 23 1995

By RAE # 684

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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

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

ck 658  
CA

Corporate ID: 71261 Annual Report for the year: 1994

Name of Business Entity Pilgrim Park Medical Associates, Ltd.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number \_\_\_\_\_

For foreign entity, address and telephone number of principal office:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

Dr. Joseph Grande

3288 West Shore Road 1242 Post Rd

Warwick, RI 02886

Phone (401) 941-2999

Business Entity is (check one):

- ☐ Business Corporation (See RIGL Chapter 7-1.1)  
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Bruce A. Wolpert, Esquire

Hines, Patz and Wolpert, Inc.

500 Turks Head Building

Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island.

Rendering professional services as

physicians

Date of Organization 2/5/93

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)  
NAME Dr. Joseph Grande STREET ADDRESS 3288 West Shore Rd CITY/STATE Warwick, RI ZIP CODE 02886

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)  
NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

☐ CLERK OF RECORDS OR ☒ SECRETARY (Check One)  
NAME Dr. Joseph Grande STREET ADDRESS Same as above CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)  
NAME Dr. Joseph Grande STREET ADDRESS Same as above CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

THE NAMES OF THE DIRECTORS ARE:

NAME Dr. Joseph Grande STREET ADDRESS Same as above CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS Common

SERIES \_\_\_\_\_

PAR VALUE OR No Par Value  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 600

CLASS Common

SERIES \_\_\_\_\_

PAR VALUE OR No Par Value  
WITHOUT PAR

Date 22 December 1994

By: [Signature]  
JOSEPH A. GRANDE  
PRINT NAME OF OFFICER SIGNING  
PRESIDENT  
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT 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 filed