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.	2. Name of Corporation			
62862	Bayside OB-GYN, Inc.			
3. Street Address Principal Business Office		City	State	Zip
235 PLAIN STREET		PROVIDENCE	RI	02905
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4014211710	RHODE ISLAND			9217

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

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

President Name			Vice President Name		
Kathleen Cote Bowling, M.D.			Gary G. Wharton, M.D.		
Street Address			Street Address		
235 Plain Street			235 Plain Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905
Secretary Name			**Treasurer Name**		
Kathleen Cote Bowling, M.D.			Gary G. Wharton, M.D.		
Street Address			Street Address		
235 Plain Street			235 Plain Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905

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)* ☐ **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			125	Common	None

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

[redacted] 6 2 8 6 2 [redacted]

62862 DBC 01/13/05 11:27:53 AM
File Date 3-1-05
Check No. 5708
By: a
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.

Kathleen Cote Bowling 2/25/05
Signature of Officer *Date*

Kathleen Cote Bowling, M.D.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

Bayside OB-GYN, Inc.
Corporate ID No. 62862

Annual Report Attachment

Assistant Secretary	**Serena A. Sposato, M.D.**	**235 Plain Street Providence, RI 02905**
Assistant Secretary	**M. David Beitle, M.D.**	**235 Plain Street Providence, RI 02905**
Assistant Secretary	**Michael A. Pepi, M.D.**	**235 Plain Street Providence, RI 02905**
Assistant Treasurer	**Serena A. Sposato, M.D.**	**235 Plain Street Providence, RI 02905**

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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
62862	Bayside OB-GYN, Inc.		
3. Street Address Principal Business Office	City	State	Zip
235 Plain Street	Providence	RI	02905
4. Business Phone No.	5. State of Incorporation		6. SIC Code
401-421-1710	RHODE ISLAND		9217

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

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

President Name			Vice President Name		
Kathleen Cote Bowling, M.D.			Gary G. Wharton, M.D.		
Street Address			Street Address		
235 Plain Street			235 Plain Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905
Secretary Name			**Treasurer Name**		
Kathleen Cote Bowling, M.D.			Gary G. Wharton, M.D.		
Street Address			Street Address		
235 Plain Street			235 Plain Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905

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	Common	No Par Value

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
125	Common	No Par Value

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

[redacted] [redacted]

* 6 2 8 6 2 *

File Date 2/6/04
Check No. 46284
By: SC

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.

Kathleen Cote Bowling 2/4/04
Signature of Officer *Date*

Kathleen Cote Bowling, M.D.
Print or Type Name of Officer

[redacted]

President
Title of Officer

Form 630 Rev. 12/03

Bayside OB-GYN, Inc.
Corporate ID No. 62862

Annual Report Attachment

Assistant Secretary	Serena A. Sposato, M.D.	235 Plain Street Providence, RI 02905
Assistant Secretary	M. David Beitle, M.D.	235 Plain Street Providence, RI 02905
Assistant Treasurer	Serena A. Sposato, M.D.	235 Plain Street Providence, RI 02905

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 IN BLACK)

1. Corporate ID No.: *62862*

2. Name of Corporation: Bayside OB-GYN, Inc.

3. Street Address Principal Business Office: 235 PLAIN ST
City: PROVIDENCE *State*: RI *Zip*: 02905

4. Business Phone No.: 4014211710

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 9217

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

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

President Name: Kathleen Cote Bowling, M.D.
Street Address: 235 Plain Street
City: Providence *State*: RI *Zip*: 02905

Vice President Name: Gary G. Wharton, M.D.
Street Address: 235 Plain Street
City: Providence *State*: RI *Zip*: 02905

Secretary Name: Kathleen Cote Bowling, M.D.
Street Address: 235 Plain Street
City: Providence *State*: RI *Zip*: 02905

Treasurer Name: Gary G. Wharton, M.D.
Street Address: 235 Plain Street
City: Providence *State*: RI *Zip*: 02905

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

Director Name
Street Address
City *State* *Zip*

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*
125	Common	No Par Value

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

[redacted] [barcode] *62862*

62862 DBC1/13/035:44:18 PM
File Date 1-28-03
Check No 3545
By VP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 1/27/03

Kathleen Cote Bowling, M.D.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

ATTACHMENT

Assistant Secretary	Serena A. Sposato	235 Plain Street Providence, RI 02905
Assistant Secretary	M. David Beitle	235 Plain Street Providence, RI 02905
Assistant Treasurer	Serena A. Sposato	235 Plain Street Providence, RI 02905

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

STOP
PLEASE READ INSTRUCTIONS

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.: 62862
2. Name of Corporation: Bayside OB-GYN, Inc.
3. Street Address Principal Business Office: 235 Plain Street
   City: Providence State: RI Zip: 02905
4. Business Phone No.: 421-1710
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Medical Office

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

President Name: Kathleen Cote Bowling, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

Vice President Name: Serena Sposato, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

Secretary Name: Serena Sposato, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

Treasurer Name: Gary Wharton, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

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

Director Name
Street Address
City State Zip

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
125	Common	No Par

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

[redacted]

* 6 2 8 6 2 *

1-11-02
File Date:

2352
Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Kathleen Cote Bowling 1/7/02
Signature of Officer *Date*

Kathleen Cote Bowling, M.D.
Print or Type Name of Officer

President
Title of Officer

S

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 62862
2. Name of Corporation: Bayside OB-GYN, Inc.
3. Street Address Principal Business Office: 235 Plain Street
   City: Providence State: RI Zip: 02905
4. Business Phone No.: 421-1710
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Medical Office

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

President Name: Kathleen Cote Bowling, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

Vice President Name: Serena Sposato, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

Secretary Name: Serena Sposato, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

Treasurer Name: Gary Wharton, M.D.
Street Address: 235 Plain Street
City: Providence State: RI Zip: 02905

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

Director Name
Street Address
City State Zip

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 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
125	Common	No Par

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

[redacted]

* 6 2 8 6 2 *

[redacted]

File Date: FILED

Check No.: JAN 22 2001

By: 6C1569

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Serena Sposato 1/12/01
Signature of Officer *Date*

Serena Sposato, M.D.
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/00

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

STOP
PLEASE READ INSTRUCTIONS

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.: 62862
2. Name of Corporation: Bayside OB-GYN, Inc.
3. Street Address Principal Business Office: 235 Plain Street — City: Providence — State: RI — Zip: 02905
4. Business Phone No.: 421-1710
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Physicians Office

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

President Name: Kathleen Cote Bowling, M.D.
Street Address: 235 Plain Street
City: Providence — State: RI — Zip: 02905

Vice President Name: Serena Sposato, M.D.
Street Address: 235 Plain Street
City: Providence — State: RI — Zip: 02905

Secretary Name: Serena Sposato, M.D.
Street Address: 235 Plain Street
City: Providence — State: RI — Zip: 02905

Treasurer Name: Gary Wharton, M.D.
Street Address: 235 Plain Street
City: Providence — State: RI — Zip: 02905

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

Director Name
Street Address
City — State — Zip

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 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
125	Common	No Par

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

[redacted]

* 6 2 8 6 2 *

File Date: PAID 1/18/00

Check No.: JAN 18 2000

By: SEC'Y OF STATE

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Serena Sposato 1/14/00
Signature of Officer — *Date*

Serena Sposato, M.D.
Print or Type Name of Officer

Vice 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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
62862	Bayside OB-GYN, Inc.		
3. Street Address Principal Business Office	City	State	Zip
235 Plain Street	Providence	RI	02905
4. Business Phone No.	5. State of Incorporation		6. SIC Code
(401) 421-1710	RHODE ISLAND		9217

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

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

President Name	Street Address	City	State	Zip
Terrence Cahill, M.D.	23 Bridle Drive	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip
Kathleen Cote Bowling, M.D.	107 Squantum Drive	Warwick, RI	RI	02888

Secretary Name	Street Address	City	State	Zip
Kathleen Cote Bowling, M.D.	107 Squantum Drive	Warwick	RI	02888

Treasurer Name	Street Address	City	State	Zip
Terrence Cahill, M.D.	23 Bridle Drive	Lincoln	RI	02888

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

Director Name	Street Address	City	State	Zip

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 SHS NO PAR VAL		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
250	Common	No Par

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

[redacted] [redacted]

* 6 2 8 6 2 *

File Date: 1-12-99
Check No.: 8856
By: AMF / DL
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Serena Sposato 1/11/99
Signature of Officer *Date*

Serena Sposato, M.D.
Print or Type Name of Officer

Vice President
Title of Officer

Form 21 12/96

ATTACHMENT Corporate ID No. 62862

Serena Sposato, M.D.	80 Watch Hill East Greenwich, RI	Vice President
Terrence Cahill, M.D.	23 Bridle Drive Lincoln, RI	Asst. Secretary

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

James R. Langevin, Secretary
Corporations
100 North Main Street, Providence, RI 0290
401-27

STO
PLEASE RE
INSTRUCTIO

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
62862	Bayside OB–GYN, Inc.

3. Street Address Principal Business Office	City	State	Zip
235 Plain Street	Providence	RI	02905

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 421-1710	Rhode Island	9217

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

Medical Physicians Office

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) X

President Name	Street Address	City	State	Zip
Terrence Cahill, M.D.	23 Bridle Drive	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip
Kathleen Cote Bowling, M.D.	107 Squantum Drive	Warwick	RI	02888

Secretary Name	Street Address	City	State	Zip
Kathleen Cote Bowling, M.D.	107 Squantum Drive	Warwick	RI	02888

Treasurer Name	Street Address	City	State	Zip
Terrence Cahill, M.D.	23 Bridle Drive	Lincoln	RI	02888

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

Director Name	Street Address	City	State	Zip

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 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
250	Common	No Par

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

[redacted]

File Date: 2.19.98

Check No.: 7867

By: WP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Serena Sposato 2/12/98

Signature of Officer *Date*

Serena Sposato, M.D.

Print or Type Name of Officer

Vice President

Title of Officer

Form 31 12/96

ATTACHMENT

Serena Sposato, M.D.	**80 Watch Hill East Greenwich, RI**	**Vice President**
Terrence F. Cahill, M.D.	**23 Bridle Drive Lincoln, RI**	**Asst. Secretary**

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
62862	Bayside OB-GYN, Inc.

3. Street Address Principal Business Office	City	State	Zip
235 Plain Street	Providence	RI	02905

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401)421-1710	RHODE ISLAND	9217

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name	Street Address	City	State	Zip
Terrence Cahill, MD	23 Bridle Drive	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip
Kathleen Cote Bowling, MD	107 Squantum Drive	Warwick	RI	02888

Secretary Name	Street Address	City	State	Zip
Kathleen Cote Bowling, MD				

Treasurer Name	Street Address	City	State	Zip
Terrence Cahill, MD				

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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*
1,000 SHS NO PAR VAL			250	Common	No Par

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

[redacted] [redacted]

* 6 2 8 6 2 *

File Date: 2/3/97
Check No.: 6712
By: VCT/DEC
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] ✓ 1/23/97
Signature of Officer *Date*

✓ TERRENCE T. CAHILL M.D.
Print or Type Name of Officer

[redacted] ✓ PRESIDENT
Title of Officer

Form 31 12/96

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
62862	Bayside OB-GYN, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
235 Plain Street	Providence	RI	02905

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(401)421-1710	RHODE ISLAND	9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Medical Physicians Office

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
Terrence Cahill, MD	Kathleen Cote Bowling, MD
STREET ADDRESS: 23 Bridle Drive	STREET ADDRESS: 107 Squantum Drive
CITY: Lincoln STATE: RI ZIP CODE: 02865	CITY: Warwick STATE: RI ZIP CODE: 02888
SECRETARY NAME: Kathleen Cote Bowling, MD	TREASURER NAME: Terrence Cahill, MD
STREET ADDRESS:	STREET ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS N/A

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VAL			250	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.

✓ _____
Signature of Officer

✓ Terrence F. Cahill, M.D.
Print or Type Name of Officer

✓ President 2/1/96
Title of Officer Date

File Date: 2/2/96
Check No: 5657
By:

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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: 0052862 Annual Report for the year: 1995

Name of Corporation: Bayside OB-GYN, Inc.

Business entity organized under the laws of the State of:

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

Phone: (401) 421-1710

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
235 Plain Street
Providence, Rhode Island 02905

Phone: ( )

Business Entity is (check one):
[ ] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Obstetrics & Gynecology
Medical Office

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: Terrence F. Cahill, M.D.	235 Plain St.,	Providence, R.I.	02905
VICE PRESIDENT: Kathleen Cote Bowling, M.D.	235 Plain St/.	Providence, R.I.	02905
SECRETARY: Kathleen Cote Bowling, M.D.	235 Plain St/.	Providence, R.I.	02905
TREASURER: Terrence F. Cahill, M.D.	235 Plain St.,	Providence, R.I.	02905

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME:			
NAME:			
NAME:			

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
1000	Common No-par	250	Common No-par

FILED
JAN 31 1995
By 40430 4610

Date January 4, 19 95

By: Terrence F. Cahill, M.D.
PRINT OR TYPE NAME OF OFFICER SIGNING

President
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.

TERRENCE CAHILL, M.D.
235 PLAIN STREET
PROVIDENCE RI 02905

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

Corporate ID 0052662 Annual Report for the year: 1994

Name of Business Entity: Bayside OB-GYN, Inc.

Business entity organized under the laws of the State of:

Federal Taxpayer Identification Number [redacted]

Business Entity is (check one):

[ ] Business Corporation (See RIGL Chapter 7-1.1)
[X] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

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

N/A

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

William F. Charland, CPA
18 Imperial Place
Providence, RI 02903
(Accountant)

Phone:

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

235 Plain Street
Providence, RI 02905

Phone: 401 421-1710

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

Medical Physicians Office

Date of Organization: 1/01/91

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

THE NAMES OF THE OFFICERS ARE:

(X) CHIEF EXECUTIVE OFFICER (X) PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Terrence Cahill, MD	23 Bridle Drive	Lincoln, RI	02865
(X) CHIEF FINANCIAL OFFICER ( ) VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Kahtleen Cote Bowling, MD	107 Squantum Drive	Warwick, RI	02888
( ) SECRETARY (X) TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Patrick Nugent, MD	715 Nate Whipple Highway	Cumberland, RI	02864
( ) SECRETARY (X) TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Terrence Cahill, MD	23 Bridle Drive	Lincoln, RI	02865

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Terrence Cahill, MD	23 Bridle Drive	Lincoln, RI	02865
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Kathleen Bowling, MD	107 Squantum Drive	Warwick, RI	02888
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Patrick Nugent, MD	715 Nate Whipple Highway	Cumberland, RI	02864

NUMBER OF SHARES AUTHORIZED (If Applicable):

NUMBER 1000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR: Without Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable):

NUMBER 225

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR: Without Par Value

Date: February 15 19 94

By:

Terrence F. Cahill, M.D.
(PRINT OR TYPE NAME OF OFFICER SIGNING)
President
(TITLE OF OFFICER SIGNING)

FILED
FEB 17 1994
By #3763

Form 35 - 1/94

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

TERRENCE CAHILL, M.D.
235 PLAIN STREET
PROVIDENCE RI 02905

Filing Fee $50.00

28264B

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052882 Annual Report for the year 1993

FIRST: The name of the corporation is Bayside OB-GYN, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 235 Plain Street
Providence, R.I. 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Terrence F. Cahill, M.D.	Director	235 Plain Street Prov., R.I. 02905
Kathleen Cote Bowling, M.D.	Director	Same
Patrick J. Nugent, M.D.	Director	"
Terrence F. Cahill, M.D.	President	"
Kathleen Cote Bowling, M.D.	Vice President	"
Patrick J. Nugent, M.D.	Secretary	"
Terrence F. Cahill, M.D.	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
~~0,000~~ 1000	Common		~~$1.00~~ NO-PAR

Paid
FEB 08 1993
[illegible]

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
255	Common		~~$1.00~~ NO PAR

Dated February 5 19 93

Bayside OB-GYN, Inc.,
(Name of Corporation)

By [signature] M.D.

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

VF 2054

Corporate ID 0052952 Annual Report for the year 1992

FIRST: The name of the corporation is Bayside OB-GYN, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Practice

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 235 Plain St. Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Terrence Cahill M.D. - Pres	Director	235 Plain St Prov 02905
Kathleen Bowling M.D - Vice Pres	Director	"
Patrick Nugent M.D. Sec	Director	"
	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common Stock		No Par Value

PAID
FEB 2 8 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
255	Common Stock		No Par Value

Dated 2/13/ 19 92

Bayside Ob-Gyn
(Name of Corporation)

By Terrence Cahill MD

Title President

(Report must be signed by an officer)

Form 31 1/85