STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
94264	Geret A. Dubois, M.D., Inc.			
3. Street Address Principal Business Office	*Mailing Address: PO Box	City	State	Zip
330 Cottage Street	L, Pawt., RI 02861	Pawtucket	RI	02860
4. Business Phone No	5. State of Incorporation			6. SIC Code
723-8300	RHODE ISLAND			9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO RENDER MEDICAL SERVICES AS ORTHOPEDIC PHYSICIANS AND SURGEONS.

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

President Name	Vice President Name
Geret A. DuBois, MD	NONE
Street Address: 330 Cottage Street	Street Address
City: Pawtucket State: RI Zip: 02860	City State Zip
Secretary Name: Geret A. DuBois, MD	Treasurer Name: Geret A. DuBois, MD
Street Address: 330 Cottage Street	Street Address: 330 Cottage Street
City: Pawtucket State: RI Zip: 02860	City: Pawtucket State: RI Zip: 02860

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

Director Name	Director Name
NONE	
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
100 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	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]

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* 1/18/05

Geret A. DuBois MD
Print or Type Name of Officer

[redacted]
President
Title of Officer

File Date 2/10/05
Check No. 2788
By: D.

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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			
94264	Geret A. Dubois, M.D., Inc.			
3. Street Address Principal Business Office: 330 Cottage Street (Mailing address - PO Box L - Pawt., RI 02861)		City: Pawtucket	State: RI	Zip: 02860
4. Business Phone No: 723-8300	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO RENDER MEDICAL SERVICES AS ORTHOPEDIC PHYSICIANS AND SURGEONS.

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

President Name	Vice President Name
Geret A. DuBois, MD	NONE
Street Address: 330 Cottage Street	Street Address
City: Pawtucket / State: RI / Zip: 02860	City / State / Zip
Secretary Name: Geret A. DuBois, MD	Treasurer Name: Geret A. DuBois, MD
Street Address: 330 Cottage Street	Street Address: 330 Cottage Street
City: Pawtucket / State: RI / Zip: 02860	City: Pawtucket / State: RI / Zip: 02860

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

Director Name	Director Name
NONE	
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
100 COMM NO PAR VALUE			50	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] *94264*

File Date 3.2.04
Check No. 1899
By: KP
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 — 2/25/04 *Date*

Geret A. DuBois
Print or Type Name of Officer

Pres
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 94264

2. Name of Corporation: Geret A. Dubois, M.D., Inc.

3. Street Address Principal Business Office: 330 Cottage Street
City: Pawtucket State: RI Zip: 02860

4. Business Phone No.: 723-8300

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island: Orthopedic medical practice.

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

President Name: Geret A. DuBois, MD
Street Address: 330 Cottage Street
City: Pawtucket State: RI Zip: 02860

Secretary Name: Geret A. DuBois, MD
Street Address: 330 Cottage Street
City: Pawtucket State: RI Zip: 02860

Vice President Name: NONE
Street Address:
City: State: Zip:

Treasurer Name: Geret A. DuBois, MD
Street Address: 330 Cottage Street
City: Pawtucket State: RI Zip: 02860

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

Director Name: NONE
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
100 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	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]

* 9 4 2 6 4 *

File Date: 4-3-03

Check No.: ~~223~~ 4985

By: TOMF

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: [signature] Date: 2/19/03

Print or Type Name of Officer: Geret A. DuBois MD

[redacted]

Title of Officer: Pres

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
94264

2. Name of Corporation
Geret A. Dubois, M.D., Inc.

3. Street Address Principal Business Office
407 East Avenue, Oak Hill Place

City Pawtucket *State* RI *Zip* 02860

4. Business Phone No.
723-8300

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9217

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

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

President Name
Geret A. DuBois, MD
Street Address
407 East Avenue, Oak Hill Place
City Pawtucket *State* RI *Zip* 02860

Vice President Name
NONE
Street Address
City *State* *Zip*

Secretary Name
Geret A. DuBois, MD
Street Address
407 East Avenue, Oak Hill Place
City Pawtucket *State* RI *Zip* 02860

Treasurer Name
Geret A. DuBois, MD
Street Address
407 East Avenue, Oak Hill Place
City Pawtucket *State* RI *Zip* 02860

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

Director Name
NONE
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*
100 COMM NO PAR VALUE		

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

Number of Shares	*Class/Series*	*Par Value*
50	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]

94264

File Date: 4-10-02

Check No.: 4172

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.

Signature of Officer *Date* 2/11/02

Geret A. DuBois
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

Corporations Divisic
100 North Main Street, Providence, RI 02903-133
401-222-304

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.: 94264
2. Name of Corporation: Geret A. Dubois, M.D., Inc.
3. Street Address Principal Business Office: 407 East Avenue, Oak Hill Place
   City: Pawtucket State: RI Zip: 02860
4. Business Phone No.: 723-8300
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Orthopedic medical practice

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

President Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860

Secretary Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860

Vice President Name: NONE
Street Address:
City: State: Zip:

Treasurer Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860

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

Director Name: NONE
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
100	NO PAR VALUE COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	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]

94264

File Date: 3-13-01

Check No.: 3379

By: [redacted]

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: [redacted] Date: 1/22/01

Print or Type Name of Officer: Geret A. DuBois

Title of Officer: President

Form 630 - 12/98

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

James R. Langevin, Secretary of Sta
Corporations Divisic
100 North Main Street, Providence, RI 02903-133
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94264

2. Name of Corporation: Geret A. DuBois, M.D., Inc.

3. Street Address Principal Business Office: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860

4. Business Phone No.: 723-8300

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island: Orthopedic medical practice

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

President Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860

Secretary Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860

Vice President Name: NONE
Street Address:
City: State: Zip:

Treasurer Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860

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

Director Name: NONE
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
100 NO PAR VALUE	COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	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]

* 9 4 2 6 4 *

[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: 1/12/00

Geret A. DuBois, MD
Print or Type Name of Officer

President
Title of Officer

File Date: 2/2/00

Check No.: 2615

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

James R. Langevin, Secretary of Sta
Corporations Divisic
100 North Main Street, Providence, RI 02903-13
401-222-30

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		
94264	Geret A. Dubois, M.D., Inc.		
3. Street Address Principal Business Office	City	State	Zip
407 East Avenue, Oak Hill Place	Pawtucket	RI	02860
4. Business Phone No.	5. State of Incorporation		6. SIC Code
723-8300	RHODE ISLAND		9217

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

Orthopedic medical practice

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

President Name: Geret A. DuBois, MD	Vice President Name: NONE
Street Address: 407 East Avenue, Oak Hill Place	Street Address:
City: Pawtucket State: RI Zip: 02860	City: State: Zip:
Secretary Name: Geret A. DuBois, MD	Treasurer Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill PLace	Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket State: RI Zip: 02860	City: Pawtucket State: RI Zip: 02860

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

Director Name: NONE	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
100 NO PAR VALUE COMMON			50	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]

* 9 4 3 2 6 4 *

[redacted]

File Date: Mar 4, 99

Check No.: 1944

By: JD

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: 2/10/99

Geret A. DuBois
Print or Type Name of Officer

Pres.
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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 94264
2. Name of Corporation: Geret A. Dubois, M.D., Inc.
3. Street Address Principal Business Office: 407 East Avenue, Oak Hill Place — City: Pawtucket — State: RI — Zip: 02860
4. Business Phone No: 723-8300
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Orthopedic medical practice

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

President Name: Geret A. DuBois, MD	Vice President Name: NONE
Street Address: 407 East Avenue, Oak Hill Place	Street Address:
City: Pawtucket — State: RI — Zip: 02860	City: — State: — Zip:
Secretary Name: Geret A. DuBois, MD	Treasurer Name: Geret A. DuBois, MD
Street Address: 407 East Avenue, Oak Hill Place	Street Address: 407 East Avenue, Oak Hill Place
City: Pawtucket — State: RI — Zip: 02860	City: Pawtucket — State: RI — Zip: 02860

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

Director Name: NONE	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
100	NO PAR VALUE COMMON	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
50	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] *94264*

File Date: 3/12
Check No.: 1351
By: 1010
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.

X _____ 3-2-98
Signature of Officer — *Date*

Geret A. DuBois
Print or Type Name of Officer

Pres.
Title of Officer