



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. 110672		2. Name of Corporation RONALD A. ROMANO, JR. D.O., LTD.		
3. Street Address Principal Business Office 176 EDDIE DOWLING HIGHWAY SUITE 103		City N. SMITHFIELD	State RI	Zip 02896
4. Business Phone No. 401-766-4999		5. State of Incorporation RHODE ISLAND		6. SIC Code 9258
7. Brief Description of the Character of Business Conducted in Rhode Island TO ADMINISTER MEDICAL SERVICES AND TREATMENT TO PERSONS IN RHODE ISLAND.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name RONALD A. ROMANO, JR.		Vice President Name RONALD A. ROMANO, JR.		
Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103		Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI
Secretary Name RONALD A. ROMANO, JR.		Treasurer Name RONALD A. ROMANO, JR.		
Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103		Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name N/A		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name				
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
800 COMM NO PAR VALUE			700	COMMON
				NO PAR

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



File Date **FILED**
Check No. MAR 25 2005 3001
By: RB
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.

Ronald Romano Jr pres 3/17/05
Signature of Officer
RONALD A. ROMANO, JR. Date
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 02903-1333
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: 110672
 2. Name of Corporation: RONALD A. ROMANO, JR. D.O., LTD.
 3. Street Address Principal Business Office: 176 EDDIE DOWLING HIGHWAY, SUITE 103
 City: NORTH SMITHFIELD State: RI Zip: 02896-
 4. Business Phone No: 4017664999
 5. State of Incorporation: RHODE ISLAND
 6. SIC Code: 9258

7. Brief Description of the Character of Business Conducted in Rhode Island
 TO ADMINISTER MEDICAL SERVICES AND TREATMENT TO PERSONS IN RHODE ISLAND.

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

President Name RONALD A. ROMANO, JR. Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103 City: NORTH SMITHFIELD State: RI Zip: 02896	Vice President Name RONALD A. ROMANO, JR. Street Address 176 EDDIE DOWLING HIGHWAY City: NORTH SMITHFIELD State: RHODE ISLAND Zip: 02896
Secretary Name RONALD A. ROMANO, JR. Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103 City: NORTH SMITHFIELD State: RI Zip: 02896	Treasurer Name RONALD A. ROMANO, JR. Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103 City: NORTH SMITHFIELD State: RI Zip: 02896

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

Director Name N/A 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	Class/Series	Par Value
800 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
700	COMMON	NO PAR

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



110672 DBC 03/02/04 10:28:44 AM
 File Date: 3-11-04
 Check No: 1376
 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

Ronald A. Romano, Jr.
 Signature of Officer: _____ Date: _____
 RONALD A. ROMANO, JR.
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **110672**
2. Name of Corporation **RONALD A. ROMANO, JR. D.O., LTD.**
3. Street Address Principal Business Office
176 Eddie Dowling Highway Suite 103
4. Business Phone No. **401-766-4999**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **North Smithfield** State **Rhode Island** Zip **02896**
SIC Code **9258**

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

President Name **Ronald A. Romano, Jr.**
Street Address
176 Eddie Dowling Highway Suite 103
City **North Smithfield** State **RI** Zip **02896**

Vice President Name **Ronald A. Romano, Jr.**
Street Address
176 Eddie Dowling Highway Suite 103
City **North Smithfield** State **RI** Zip **02896**

Secretary Name **Ronald A. Romano, Jr.**
Street Address
176 Eddie Dowling Highway Suite 103
City **North Smithfield** State **RI** Zip **02896**

Treasurer Name **Ronald A. Romano, Jr.**
Street Address
176 Eddie Dowling Highway Suite 103
City **North Smithfield** State **RI** Zip **02896**

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

Director Name **N/A**
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
800 COMM NO PAR VALUE

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

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

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



* 1 1 0 6 7 2 *

4-15-03

File Date: _____

Check No.: **8112**

By: **UP**

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.

Ronald Romano Jr Pres. 3/26/03
Signature of Officer Date

RONALD ROMANO JR
Print or Type Name of Officer

President
Title of Officer

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. **110672** 2. Name of Corporation **RONALD A. ROMANO, JR. D.O., LTD.**
3. Street Address Principal Business Office **176 EDDIE DOWLING HIGHWAY SUITE 103** City **NO. SMITHFIELD** State **RI** Zip **02896**
4. Business Phone No. **401-766-4999** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**
7. Brief Description of the Character of Business Conducted in Rhode Island

Medical treatment and practice.

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

President Name RONALD A. ROMANO, JR.	Vice President Name RONALD A. ROMANO, JR.
Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103	Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103
City NO. SMITHFIELD State RI Zip 02896	City NO. SMITHFIELD State RI Zip 02896
Secretary Name RONALD A. ROMANO, JR.	Treasurer Name RONALD A. ROMANO, JR.
Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103	Street Address 176 EDDIE DOWLING HIGHWAY SUITE 103
City NO. SMITHFIELD State RI Zip 02896	City NO. SMITHFIELD State RI Zip 02896

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

Director Name N/A	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	Class/Series	Par Value
800 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
700	COMMON	NO PAR

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



* 1 1 0 6 7 2 *

File Date: 4-26-02

Check No.: 5772

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.

X [Signature] 3/26/02
Date
RONALD A. ROMANO JR. DO
Print or Type Name of Officer
President
Title of Officer
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