



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. 84773	2. Name of Corporation DRS. DUBOIS & DUBOIS, LTD.
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3. Street Address Principal Business Office 501 Great Road	City No. Smithfield	State RI	Zip 02896
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4. Business Phone No. (401) 766-6701	5. State of Incorporation RHODE ISLAND	6. SIC Code 9258
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7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE GENERAL PRACTICE OF MEDICINE AS OSTEOPATHS.

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

President Name Dr. David R. Dubois	Vice President Name Dr. Carol J. Dubois
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Street Address 501 Great Road	Street Address 501 Great Road
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City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
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Secretary Name Dr. Diane I. Dubois-Hall	Treasurer Name Dr. Carol J. Dubois
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Street Address 501 Great Road	Street Address 501 Great Road
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City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
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9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
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Street Address	Street Address
----------------	----------------

City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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	
4,000	NO PAR VALUE	Common	No Par Value	1,000	Common	No Par Value

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



FILED
File Date MAR 04 2005
Check No. 4582
By: <u>IOB</u>
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.

David R. Dubois 2-28-05
Signature of Officer Date

David R. Dubois, D. O.
Print or Type Name of Officer

President
Title of Officer



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. 84773		2. Name of Corporation DRS. DUBOIS & DUBOIS, LTD.			
3. Street Address Principal Business Office 501 Great Road			City No. Smithfield	State RI	Zip 02896
4. Business Phone No. (401) 766-6701		5. State of Incorporation RHODE ISLAND			6. SIC Code 9258
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF MEDICINE AS OSTEOPATHS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. David R. Dubois			Vice President Name Dr. Carol J. Dubois		
Street Address 501 Great Road			Street Address 501 Great Road		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 02896
Secretary Name Dr. Diane I. Dubois-Hall			Treasurer Name Dr. Carol J. Dubois		
Street Address 501 Great Road			Street Address 501 Great Road		
City No. Smithfield	State RI	Zip 02896	City No. Smithfield	State RI	Zip 20896
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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	Par Value
4,000 NO PAR VALUE	Common	No Par Value	1000	Common	No Par Value

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



* 8 4 7 7 3 *

File Date 3.2.04
Check No. 3039
By: MD
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.

David R. Dubois 02-13-2004
Signature of Officer Date
David R. Dubois, D. O.
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. **84773** 2. Name of Corporation **DRS. DUBOIS & DUBOIS, LTD.**
3. Street Address Principal Business Office **501 Great Road** City **No. Smithfield** State **RI** Zip **02896**
4. Business Phone No. **(401) 766-6701** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**
7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in the general practice of medicine as Osteopaths.**

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

President Name Dr. David R. Dubois Street Address 501 Great Road City No. Smithfield State RI Zip 02896	Vice President Name Dr. Carol J. Dubois Street Address 501 Great Road City No. Smithfield State RI Zip 02896
Secretary Name Dr. Diane I. Dubois-Hall Street Address 501 Great Road City No. Smithfield State RI Zip 02896	Treasurer Name Dr. Carol J. Dubois Street Address 501 Great Road 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 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
	4,000 NO PAR VALUE	Common	No Par Value

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	No Par Value

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



File Date: 2/25/03
Check No.: 3249
By: [Signature]

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: 2-10-03
Print or Type Name of Officer: DR. DAVID R. DUBOIS
Title of Officer: PRESIDENT



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. **84773** 2. Name of Corporation **DRS. DUBOIS & DUBOIS, LTD.**
3. Street Address Principal Business Office **501 Great Road** City **No. Smithfield** State **RI** Zip **02896**
4. Business Phone No. **(401) 766-6701** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**

7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in the general practice of medicine as Osteopaths**

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

President Name DR. DAVID R. DUBOIS	Vice President Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City No. Smithfield State RI Zip 02896	City No. Smithfield State Ri Zip 02896
Secretary Name DR. DIANE I. DUBOIS-HALL	Treasurer Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
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	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
4,000 NO PAR VALUE	COMMON	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE

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



* 8 4 7 7 3 *

File Date: 2-28-02
2815
Check No.: _____
2
By: _____

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. DAVID R. DUBOIS Date 2-27-02

Print or Type Name of Officer

PRESIDENT

Title of Officer





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. **84773** 2. Name of Corporation **DRS. DUBOIS & DUBOIS, LTD.**

3. Street Address Principal Business Office **501 Great Road** City **No. Smithfield** State **Rhode Island** Zip **02896**
4. Business Phone No. **(401) 766-6701** 5. State of Incorporation **RHODE ISLAND** No. **69258**

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

To engage in the general practice of medicine as Osteopaths

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

President Name DR. DAVID R. DUBOIS	Vice President Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City State Zip No. Smithfield RI 02896	City State Zip No. Smithfield RI 02896
Secretary Name DR. DIANE I. DUBOIS-HALL	Treasurer Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City State Zip No. Smithfield RI 02896	City State Zip No. Smithfield RI 02896

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
4,000 NO PAR VALUE COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 COMMON NO PAR VALUE

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



* 8 4 7 7 3 *

File Date: 3-9-01

Check No.: 2494

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] Date 2-28-01

DR. DAVID R. DUBOIS

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. **84773** 2. Name of Corporation **DRS. DUBOIS & DUBOIS, LTD.**
3. Street Address Principal Business Office City State Zip
501 Great Road North Smithfield RI 02896
4. Business Phone No. (401) 766-6701 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the general practice of medicine as Osteopaths

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

President Name DR. DAVID R. DUBOIS	Vice President Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City State Zip No. Smithfield RI 02896	City State Zip No. Smithfield RI 02896
Secretary Name DR. DIANE I. DUBOIS-HALL	Treasurer Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City State Zip No. Smithfield RI 02896	City State Zip No. Smithfield, RI 02896

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
4,000 SHS NO PAR VALUE COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 COMMON NO PAR VALUE

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



* 8 4 7 7 3 *

File Date: 3/4/00

Check No.: 2136

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] 2-4-00
Signature of Officer Date

DAVID R. DUBOIS, D.O.
Print or Type Name of Officer

PRESIDENT
Title of Officer

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. **84773** 2. Name of Corporation **DRS. DUBOIS & DUBOIS, LTD.**
3. Street Address Principal Business Office **501 Great Road** City **North Smithfield** State **RI** Zip **02896**
4. Business Phone No. **(401) 766-6701** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the general practice of medicine as Osteopaths

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

President Name DR. DAVID R. DUBOIS	Vice President Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City State Zip No. Smithfield RI 02896	City State Zip No. Smithfield RI 02896
Secretary Name DR. DIANE I. DUBOIS-HALL	Treasurer Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City State Zip No. Smithfield RI 02896	City State Zip No. Smithfield RI 02896

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
4,000 SHS NO PAR VALUE COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 COMMON NO PAR VALUE

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



File Date: May 3, 1999
Check No.: 1685
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] Date
Signature of Officer
DR. DAVID R. DUBOIS
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

84773

DRS. DUBOIS & DUBOIS, LTD.

3. Street Address Principal Business Office

City

State

Zip

501 Great Road

North Smithfield

RI

02896

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 766-6701

RHODE ISLAND

9258

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

To engage in the general practice of medicine as Osteopaths

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

President Name

Vice President Name

DR. DAVID R. DUBOIS

DR. CAROL J. DUBOIS

Street Address

Street Address

501 Great Road

501 Great Road

City

State

Zip

City

State

Zip

North Smithfield RI

02896

North Smithfield RI

02896

Secretary Name

Treasurer Name

DR. DIANE I. DUBOIS-HALL

DR. CAROL J. DUBOIS

Street Address

Street Address

501 Great Road

501 Great Road

City

State

Zip

City

State

Zip

North Smithfield RI

02896

North Smithfield RI

02896

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

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

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

ISSUED SHARES

Number of Shares

Class/Series
COMMON

Par Value

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

1000

COMMON

NO PAR VALUE

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



* 8 4 7 7 3 *

File Date: 3/11/98

Check No.: 1255

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: 2/19/98

DR. DAVID R. DUBOIS

Print or Type Name of Officer

PRESIDENT

Title of Officer



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. **84773** 2. Name of Corporation **DRS. DUBOIS & DUBOIS, LTD.**
3. Street Address Principal Business Office **501 Great Road** City **North Smithfield** State **RI** Zip **02896**
4. Business Phone No. **(401) 766-6701** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the general practice of medicine as Osteopaths

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

President Name DR. DAVID R. DUBOIS	Vice President Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City North Smithfield State RI Zip 02896	City North Smithfield State RI Zip 02896
Secretary Name DR. DIANE I. DUBOIS-HALL	Treasurer Name DR. CAROL J. DUBOIS
Street Address 501 Great Road	Street Address 501 Great Road
City North Smithfield State RI Zip 02896	City North Smithfield State RI Zip 02896

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VALUE	COMMON		1000	COMMON	NO PAR VALUE

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



File Date: 3/3/97
Check No.: 783
By: GAA
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.

David Dubois 2-28-97
Signature of Officer Date
DR. DAVID R. DUBOIS
Print or Type Name of Officer
PRESIDENT
Title of Officer

**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. 84773		2. NAME OF CORPORATION DRS. DUBOIS & DUBOIS, LTD.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 501 Great Road		CITY North Smithfield	STATE RI
4. BUSINESS PHONE NO. (401) 766-6701		5. STATE OF INCORPORATION RHODE ISLAND	
6. SIC CODE 02896			

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To engage in the general practice of medicine as Osteopaths.

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME DR. DAVID R. DUBOIS			VICE PRESIDENT NAME DR. CAROL J. DUBOIS		
STREET ADDRESS 501 Great Road			STREET ADDRESS 501 Great Road		
CITY No. Smithfield	STATE RI	ZIP CODE 02896	CITY No. Smithfield	STATE RI	ZIP CODE 02896
SECRETARY NAME DR. DIANE I. DUBOIS-HALL			TREASURER NAME DR. CAROL J. DUBOIS		
STREET ADDRESS 501 Great Road			STREET ADDRESS		
CITY No. Smithfield	STATE RI	ZIP CODE 02896	CITY No. Smithfield	STATE RI	ZIP CODE 02896

9. NAMES AND ADDRESSES OF THE DIRECTORS					
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
4,000 SHS	NO PAR VALUE		1000	Common	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.

David R. Dubois
Signature of Officer
DR. DAVID R. DUBOIS

Print or Type Name of Officer
PRESIDENT
Date
2/27/96

File Date: 3/4/96
Check No: 358
By: CP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95