



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 3640

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: 43376		2. Name of Corporation ELLEN H. FRANKEL, M.D., INC.			
3. Street Address Principal Business Office 750 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No (401) 943-0761		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL PRACTICE OF MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ellen H. Frankel, M.D.			Vice President Name None		
Street Address 750 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Ellen H. Frankel, M.D.			Treasurer Name Ellen H. Frankel, M.D.		
Street Address 750 Reservoir Avenue			Street Address 750 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 2,000 NO PAR VALUE	Class/Series	Par Value	Number of Shares 100	Class/Series common	Par Value no par

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



43376

File Date 2/9/05
Check No. 1064
By W.
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.

Ellen H. Frankel, M.D. **2.4.05**
Signature of Officer Date
Ellen H. Frankel, M.D.
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 02903-1335
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. 43376		2. Name of Corporation ELLEN H. FRANKEL, M.D., INC.			
3. Street Address Principal Business Office 750 Reservoir Avenue		City Cranston	State RI	Zip 02910	
4. Business Phone No. (401) 943-0761		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL PRACTICE OF MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ellen H. Frankel, M.D.			Vice President Name None		
Street Address 750 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Ellen H. Frankel, M.D.			Treasurer Name Ellen H. Frankel, M.D.		
Street Address 750 Reservoir Avenue			Street Address 750 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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
2,000 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



* 4 3 3 7 6 *

File Date	FILED
Check No.	JAN 23 2004
By:	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] **1-8-04**
Signature of Officer Date
Ellen H. Frankel, M.D.
Print or Type Name of Officer
President
Title of Officer



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 OR PRINTED IN BLACK)

1. Corporate ID No.

43376

2. Name of Corporation

ELLEN H. FRANKEL, M.D., INC.

3. Street Address Principal Business Office

750 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No

(401) 943-0761

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

General practice of medicine.

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

President Name

Ellen H. Frankel, M.D.

Street Address

750 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

Secretary Name

Ellen H. Frankel, M.D.

Street Address

750 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Ellen H. Frankel, M.D.

Street Address

750 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

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

2,000 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



* 4 3 3 7 6 *

File Date: 2/5/03

Check No.: 1506

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.

Ellen H. Frankel 1-31-03
Signature of Officer Date

Ellen H. Frankel, M.D.
Print or Type Name of Officer

President
Title of Officer



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.

43376

2. Name of Corporation

ELLEN H. FRANKEL, M.D., INC.

3. Street Address Principal Business Office

750 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

(401) 943-0761

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

General practice of medicine.

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

President Name

Ellen H. Frankel, M.D.

Vice President Name

None

Street Address

750 Reservoir Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Secretary Name

Ellen H. Frankel, M.D.

Treasurer Name

Ellen H. Frankel, M.D.

Street Address

750 Reservoir Avenue

Street Address

750 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

City

Cranston

State

RI

Zip

02910

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 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



* 4 3 3 7 6 *

File Date: **FILED**

Check No.: **JAN 18 2002**

By: **By 001405**

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

Ellen H. Frankel, M.D. 1-14-02
Signature of Officer Date

Ellen H. Frankel, M.D.

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. **43376** 2. Name of Corporation **ELLEN H. FRANKEL, M.D., INC.**

3. Street Address, Principal Business Office **750 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**

4. Business Phone No. **(401) 943-076** 5. State of Incorporation **RHODE ISLAND** 6. ~~800~~ **9217**

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

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

President Name **Ellen H. Frankel** Vice President Name **N/A**

Street Address **750 Reservoir Avenue** Street Address

City **Cranston** State **RI** Zip **02910** City State Zip

Secretary Name **Ellen H. Frankel** Treasurer Name **Ellen H. Frankel**

Street Address **750 Reservoir Avenue** Street Address **750 Reservoir Avenue**

City **Cranston** State **RI** Zip **02910** City **Cranston** State **RI** Zip **02910**

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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2000 NO PAR		

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



* 4 3 3 7 6 *

File Date: **FEB 13 2001**

Check No. **BY 02/24**

By: **Ellen H. Frankel**

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 **Ellen H. Frankel** Date **2-9-01**

Ellen H. Frankel, M.D.

Print or Type Name of Officer
President

Title of Officer

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109272

Annual Report for the year 2000

1. The name of the limited liability company is:

Ellen H. Frankel Realty LLC

2. The address of the principal office of the limited liability company is:

750 Reservoir Avenue, Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: GARY R. PANNONE, ESQ.

1800 BANKBOSTON PLAZA PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 750 Reservoir Avenue, Cranston, RI 02910

Ellen H. Frankel

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To own, operate, finance, acquire, maintain and sell real and personal property.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

N/A

Dated September 25, 2000



1 0 9 2 7 2

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.

Ellen H. Frankel Realty LLC

Exact Name of Limited Liability Company

By Ellen H. Frankel

Ellen H. Frankel
Sole Member

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	FILED
Check No.:	SEP 29 2000
By:	<u>B. J. M. 22692</u>

Form No. 632
Revised 01/99



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.

43376

2. Name of Corporation

ELLEN H. FRANKEL, M.D., INC.

3. Street Address Principal Business Office

725 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

(401) 943-0761

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

General practice of medicine.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Ellen H. Frankel, M.D.

Vice President Name

N/A

Street Address

725 Reservoir Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

Secretary Name

Ellen H. Frankel, M.D.

Treasurer Name

Ellen H. Frankel, M.D.

Street Address

725 Reservoir Avenue

Street Address

725 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

City

State

Zip

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

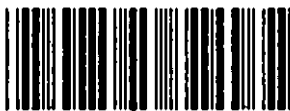
2000 NO PAR

100

common

No par

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



* 4 3 3 7 6 *

File Date: 2/2/2000

Check No: 19677

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]

Signature of Officer

2/2/00

Date

Ellen H. Frankel, M.D.

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. **43376** 2. Name of Corporation **ELLEN H. FRANKEL, M.D., INC.**

3. Street Address Principal Business Office **725 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **(401) 943-0761** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

General practice of medicine.

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

President Name

Vice President Name

Ellen H. Frankel, M.D.

N/A

Street Address

Street Address

725 Reservoir Avenue

City **Cranston** State **RI** Zip **02910**

City _____ State _____ Zip _____

Secretary Name

Treasurer Name

Ellen H. Frankel, M.D.

Ellen H. Frankel, M.D.

Street Address

Street Address

725 Reservoir Avenue

725 Reservoir Avenue

City **Cranston** State **RI** Zip **02910**

City **Cranston** State **RI** Zip **02910**

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 _____

2000 NO PAR

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



* 4 3 3 7 6 *

FILED

File Date: _____

JAN 26 1999

Check No.: _____

By **Cc 001548**

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.

Ellen H. Frankel, M.D.

1-19-99

Signature of Officer

Date

Ellen H. Frankel, M.D.

Print or Type Name of Officer

Ellen H. Frankel, M.D.

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.

43376

2. Name of Corporation

ELLEN H. FRANKEL, M.D., INC.

3. Street Address Principal Business Office

725 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

(401) 943-0761

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

General practice of medicine

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

President Name

Ellen H. Frankel, M.D.

Street Address

725 Reservoir Avenue

City

State

Zip

Cranston

RI

02910

Secretary Name

Ellen H. Frankel, M.D.

Street Address

725 Reservoir Avenue

City

State

Zip

Cranston

RI

02910

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Ellen H. Frankel, M.D.

Street Address

725 Reservoir Avenue

City

State

Zip

Cranston

RI

02910

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

2000 NO PAR

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 4 3 3 7 6 *

File Date: 2/23/98

Check No.: 11301

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] 2/23/98
Signature of Officer Date

Ellen H. Frankel, M.D.

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.

43376

2. Name of Corporation

ELLEN H. FRANKEL, M.D., INC.

3. Street Address Principal Business Office

725 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

(401) 943-0761

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

General practice of medicine

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

President Name

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Street Address

725 Reservoir Avenue

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State

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Zip

02910

Secretary Name

Ellen H. Frankel, M.D.

Street Address

725 Reservoir Avenue

City

State

RI

Zip

02910

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Ellen H. Frankel, M.D.

Street Address

725 Reservoir Avenue

City

State

RI

Zip

02910

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2000 NO PAR

ISSUED SHARES

Number of Shares

Class/Series

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



* 4 3 3 7 6 *

File Date: 2/6/97

Check No.: 7358

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.

Ellen H. Frankel, M.D. 2/4/97
Signature of Officer Date

Ellen H. Frankel, M.D.
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.

2. NAME OF CORPORATION

43376

ELLEN H. FRANKEL, M.D., INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

725 Reservoir Avenue

Cranston

RI

02910

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

(401) 943-0761

RHODE ISLAND

9217

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

General Practice of Medicine

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

Ellen Henrie Frankel

STREET ADDRESS

STREET ADDRESS

725 Reservoir Avenue

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Cranston RI 02910

SECRETARY NAME

TREASURER NAME

Ellen Henrie Frankel

Ellen Henrie Frankel

STREET ADDRESS

STREET ADDRESS

725 Reservoir Avenue

725 Reservoir Avenue

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Cranston RI 02910

Cranston RI 02910

DIRECTOR NAME

DIRECTOR NAME

N/A

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
2000	NO PAR		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

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:

Check No:

By:

Signature of Officer

Ellen Henrie Frankel

Print or Type Name of Officer

President

Title of Officer

1/23/96

Date

For Secretary of State Use Only

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: 0043375

Annual Report for the year: 1995

Name of Corporation:

ELLEN H. FRANKEL, M.D., INC.

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

Business Entity is (check one):

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

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

Phone: ()

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

General Practice of
Medicine

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

95 Chestnut Street

Providence, RI 02903

Phone: (401) 351.5700

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Ellen Henrie Frankel	725 Reservoir Avenue	Cranston, RI	02911

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
----------------	----------------	------------	----------

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Ellen Henrie Frankel	725 Reservoir Avenue	Cranston, RI	02911

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Ellen Henrie Frankel	725 Reservoir Avenue	Cranston, RI	02911

THE NAMES OF THE DIRECTORS ARE:

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

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

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

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

2000

Common

Number of Shares

Class / Series

100

Common

Date: 2. 10, 1995

By: ELLEN H. FRANKEL, M.D., INC.

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.

RICHARD L. ABRAMS

95 CHESTNUT STREET

PROVIDENCE

RI 02903

FILED

FEB 24 1995

By: LC 9899

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

0043376

1994

Corporate ID: _____ Annual Report for the year: _____
ELLEN H. FRANKEL, M.D., INC.

Name of Business Entity: _____

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):
95 Chestnut Street
Providence, RI 02903

Phone (401) 351-5700

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:

Ellen H. Frankel, M.D., Inc.
725 Reservoir Ave #303
Cranston RI 02910

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

general practice of medicine

Date of Organization: Aug 27, 1987 ⁴⁵

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: Ellen Henrie Frankel STREET ADDRESS: 725 Reservoir Ave. CITY/STATE: Cranston, RI ZIP CODE: 02911
☐ CHIEF FINANCIAL OFFICER OR ☐ VICE PRESIDENT (Check One)

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)
NAME: Ellen Henrie Frankel STREET ADDRESS: 725 Reservoir Ave. CITY/STATE: Cranston, RI ZIP CODE: 02911
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)

NAME: Ellen Henrie Frankel STREET ADDRESS: 725 Reservoir Ave. CITY/STATE: Cranston, RI ZIP CODE: 02911

THE NAMES OF THE DIRECTORS ARE:

NAME: _____ STREET ADDRESS: _____ 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 OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	2000	NUMBER	100
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	without par value	PAR VALUE OR WITHOUT PAR	without par value

Date 2-26, 19 94

By: ELLEN H. FRANKEL, M.D., INC.

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 3-1994

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

FILED

MAR 31 1994

By

RICHARD L ABRAMS
95 CHESTNUT ST.
PROVIDENCE RI 02903

FILED

By

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903Corporate ID 43376 Annual Report for the year 1993FIRST: The name of the corporation is ELLEN H. FRANKEL, M.D., INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is general practice of medicine

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 95 Chestnut St., Providence, RI 02903

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Ellen Henrie Frankel President 725 Reservoir Ave., Cranston, RI 02911

Vice President

Ellen Henrie Frankel Secretary 725 Reservoir Ave., Cranston, RI 02911Ellen Henrie Frankel Treasurer 725 Reservoir Ave., Cranston, RI 02911

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000 common without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100 common without par value

Dated February 25 1993

ELLEN H. FRANKEL, M.D., INC.

(Name of Corporation)

By Ellen H. FrankelTitle President

(Report must be signed by an officer)

\$50.00
Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

6733 R.D.

Corporate ID 43376 Annual Report for the year 1992

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FIFTH: Business address in Rhode Island 95 Chestnut St., Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Ellen Henrie Frankel	President	725 Reservoir Ave., Cranston, RI 02911
.....	Vice President
Ellen Henrie Frankel	Secretary	725 Reservoir Ave., Cranston, RI 02911
Ellen Henrie Frankel	Treasurer	725 Reservoir Ave., Cranston, RI 02911

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2000	Common

Series

PAID

MAR 02 1992

SECY OF STATE

Series

Par Value
or statement that
shares are without
par value

Without par
value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value
or statement that
shares are without
par value

Without par
value

Dated March 4 1992

ELLEN H. FRANKEL, M.D., INC.

(Name of Corporation)

By Ellen H. Frankel

Title President

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

SS

Corporate ID 43376 Annual Report for the year 1991

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Ellen Henrie Frankel	President	725 Reservoir Ave., Cranston, RI 02911
	Vice President	
Ellen Henrie Frankel	Secretary	725 Reservoir Ave., Cranston, RI 02911
Ellen Henrie Frankel	Treasurer	725 Reservoir Ave., Cranston, RI 02911

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common	- -	Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	- -	Without par value

PAID
MAR 26 1991
SECY OF STATE

Dated Feb 5 19 91

ELLEN H. FRANKEL, M. D., INC.
(Name of Corporation)

By Ellen H. Frankel MD

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 43376 Annual Report for the year 1990

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Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Ellen Henrie Frankel	President	725 Reservoir Ave., Cranston, RI 02911
.....	Vice President
Ellen Henrie Frankel	Secretary	725 Reservoir Ave., Cranston, RI 02911
Ellen Henrie Frankel	Treasurer	725 Reservoir Ave., Cranston, RI 02911

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	common	PAID	without par value

MAR 12 1990

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	--	without par value

Dated 2/28 19 90

ELLEN H. FRANKEL, M.D., INC.

(Name of Corporation)

By Ellen H. Frankel, Inc.

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 43376 Annual Report for the year 1989

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Name	Office	Address (including number, street, zip code)
------	--------	--

	Director	
	Director	
	Director	
<u>Ellen Henrie Frankel</u>	President	<u>725 Reservoir Ave., Cranston, RI 02911</u>
	Vice President	
<u>Ellen Henrie Frankel</u>	Secretary	<u>725 Reservoir Ave., Cranston, RI 02911</u>
<u>Ellen Henrie Frankel</u>	Treasurer	<u>725 Reservoir Ave., Cranston, RI 02911</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2000</u>	<u>Common</u>	<u>--</u>	<u>Without Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>		<u>Without Par Value</u>

PAID
FEB 17 1989
SECY OF STATE

Dated Jan. 27 1989

ELLEN H. FRANKEL, M.D., INC.
(Name of Corporation)

By Ellen Henrie Frankel

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

D.P.

Corporate ID 43376 Annual Report for the year 1988

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.....	Director
.....	Director
.....	Director
Ellen Henrie Frankel	President	725 Reservoir Ave., Cranston, RI 02911
.....	Vice President
Ellen Henrie Frankel	Secretary	725 Reservoir Ave., Cranston, RI 02911
Ellen Henrie Frankel	Treasurer	725 Reservoir Ave., Cranston, RI 02911

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	common	- -	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

PAID
APR 19 1988
SEC'Y. OF STATE

Dated March 30 19 88

ELLEN H. FRANKEL, M.D., INC.
(Name of Corporation)

By Ellen Henrie Frankel
Ellen Henrie Frankel
Title President

(Report must be signed by an officer)