

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

100 North Main Street Providence, RI 02903-1335

Matthew A. Brown. Secretary of State

401-222-3640

Corporations Dunson

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

(FORM MUST BE TYPED OF	PRINTED IN BLACK)					
1 Corporate ID No. 43376	2 Name of Corpor ELLEN H. F	ation RANKEL, M.D., INC.				
3. Street Address Pemerpal Business Office			Guy	State	$Z\phi$	
750 Reservoir Avenue			Cranston	RI	02910	
4 Business Phone No. 5 State of Incorporation (401) 943–0761 RHODE ISLAND					6 SIC Gode 9217	
7 Brief Description of the Che GENERAL PRAC	ractor of Business Conducto TICE OF MEDICINE	d v: Rhode Island			•	
8. NAMES AND ADDRE	SSES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
President Name		`	Vice President Name			
Ellen H. Franke	1. M.D.		None			
Street Address		<u> </u>	Street Address			
750 Reservoir	Avenue					
Cui	State	Zφ	City	State	Zψ	
Cranston	RT	02910				
Secretary Name		••••••	Treasurer Name	•••••••••••••	· · · · · · · · · · · · · · · · · · ·	
Ellen H. Frank	el, M.D.		Ellen H. Franke	1, M.D.		
Street Address			Street Address		-	
750 Reservoir	Avenue		750 Reservoir A	750 Reservoir Avenue		
City	State	Zφ	City	State	Zψ	
Cranston	RI	02910	Cranston	RI.	02910	
9. NAMES AND ADDRI	SSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) FILL I	IN SPACES BEFORE USI	NG ATTACHMENTS	
Director Same			Director Name			
None						
Street Address		Street Address	Street Address			
City	Malç	Zφ	City	State	Zip	
Director Name		······	Director Name			
Street Address			Street Address	Street Address		
City	State	Zψ	Сиј	State	Zφ	
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACI	IMENT) [
Number of Shares	Class/Sories	Par Value	Number of Shares	Class/Series	Par Value	
2,000 NO PAR VALUE		100	common	no par		
· · · · · · · · · · · · · · · · · · ·			100	Condition	110 P01	
This report mus	st be signed in ink by	either the President, Vio	L ce President, Secretary, Assist.	ant Secretary, Treasurer,	Receiver or Trustee	
		 76*			hat I have examined this repositements, and that all statemen	

	43376	
File Date	20105	
Check No	1064	
Ву	<u> </u>	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and a	ffirm that I have	e examined :	this report
including any accompanying schedules a	and statements,	and that all	statement
contained herein are true and correct.	^	_	

Euro & Frank	2.425
Signature of Officer	Date

Ellen H. Frankel, M.D.

Print or Type Name of Officer

President

Title of Officer



9

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

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

1. Corporate ID No.	2. Name of Corpo	ration				
43376	FLIENH F	RANKEL, M.D., INC.				
3. Street Address Principal Bus		TOTAL PROPERTY OF THE PARTY OF	Gity	State	Zφ	
750 Reservoir	Avenue		Cranston	RI	02910	
4. Business Phone No. 5. State		5. State of Incorporatio			6 SIC Code	
(401) 943-0761		RHODE ISLAN	n		9217	
7. Urnef Description of the Cha GENERAL PRACTI	•	ed in Rhode Island				
8. NAMES AND ADDRE	SSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL II	N SPACES BEFORE USING	G ATTACHMENTS	
President Name			Vice President Name			
Ellen H. Frank	el, M.D.		None			
Street Address			Street Address		-	
750 Reservoir		· · ·	<u>:</u>	· · · · · · · · · · · · · · · · · · ·	T	
Cuy	State	Zıp	City	State	Zip	
Cranston	RI	<u>l 02910</u>		I		
ecritury Name			Treusunt Name			
Ellen H. Fran	kel, M.D.	·	Ellen H. Frankel, M.D.			
Street Address 750 Reservoir	Δναπια		Street Address			
		Tau:		750 Reservoir Avenue		
City Cranston	State	<i>Ζίρ</i>	City	State	Zip	
	RI	02910	Cranston	RI	02910	
9. NAMES AND ADDRE Director Name	SSES OF THE DIREC	CTORS: ("X" BOX FOR A	TTACHMENT) [] FILL.	IN SPACES BEFORE USI	NG ALIACHMENTS	
None			Director Name			
Sircei Address			Sireet Address		-	
City	State	Zip	Clty	State	Zip	
<u></u> ,		,			"	
Director Name		J	Director Name			
Street Address			Street Address			
•						
City	State	Zip	City	State	Zip	
			:		1	
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT) 🗌	11. SHARES ISSUED	("X" BOX FOR ATTACE	HMENT)	
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	
				1	ĺ	

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 ____ Signature of Officer Ellen H. Frankel, M.D. Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

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

COO

FORM MUST BE TYPED OR PRINTED IN BLACKS 1. Corporate ID No. 2. Name of Corporation 43376 ELLEN H. FRANKEL, M.D., INC. 3. Street Address Principal Business Office City State Zip 750 Reservoir Avenue 02910 Cranston RI 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 Islan 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. None Street Address Street Address 750 Reservoir Avenue City City State Zip 02910 Cranston RΙ Secretary Name Treasurer Name Ellen H. Frankel, M.D. Ellen H. Frankel, M.D. Street Address Street Address 750 Reservoir Avenue 750 Reservoir Avenue City Zip City Cranston RI 02910 Cranston 02910 RT 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 Sticet Address City State 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/Senes 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:	a 5/03
Check No.:	1506
Ry:	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.

Eller H. Framer	1-31-03
Signature of Officer	Date

Ellen	Н.	Frankel,	
Print or Type	e Nan	e at Officer	

Print or Type Name of Officer		
President		
Title of Officer		 12/52

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

(FORM MUST BE TYPED IN	DI ACE)				
	PLACE/				
I Corporate ID No	2. Name of Corporat	iau .	,		
43376	ELLEN H. FR	ANKEL, M.D., INC.			
3. Street Address Principal Rusi			Сну	State	Zip
750 Reservo	ir Avenue		Cranston	RI	02910
4 Business Phone No.		5. State of Incorporation			6 SIC Code
(401) 943-0	761	RHODE ISLAND)		9217
7. Brief Description of the Char	acter of Business Conducted in	Rhode Island			
General pract	ice of medicine	•			
8. NAMES AND ADDE President Name	RESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Ellen H. Fran	kel. M.D.		None		
Street Address 750 Reservoir			Street Address		
Sity	State	Zip	City	State	Zip
Cranston	RI	02910			
ecretary Name Ellen H. Fran	kel, M.D.		Treasurer Name Ellen H. Frank	kel, M.D.	
itieet Address 750 Reservoir	Avenue		Street Address 750 Reservoir	Avenue	
Cranston	State RI	^{Zip} 02910	Cranston	State RI	Zip 02910
D. NAMES AND ADDR Director Name None	RESSES OF THE DIRE	CTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	CHMENTS
treet Address			Street Address		
	State	Zip	Street Address City	State	Zip
treet Address	State	Zip 		State	Zip
treet Address	State	Zip 	City	State	Zip
treet Address Lity Director Name	State	Zip 	City Director Name	State	Zip Zip
treet Address Overtor Name treet Address	State	Ž (p	Director Name Street Address City 11. SHARES ISSUED (**	State	Zip
treet Address Director Name treet Address Dry O. SHARES AUTHORI	State	Ž (p	City Director Name Street Address City 11. SHARES ISSUED (** ISSUED SHARES	State X* BOX FOR ATTACHMENT)	Z(p
treet Address Lity Director Name treet Address Lity O. SHARES AUTHORI UJHORIZED SHARIS	State ZED ("X" BOX FOR ATTAG . Class/Series	Zip CHMENT)	Director Name Street Address City 11. SHARES ISSUED (**	State	Zip



File Date:	
Check No JAN 18 2002	
By CC 1405	
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. Framulin	1-14-02
Signature of Officer Ellen H. Frankel, M.D.	Date
Print or Type Name of Officer President	

fitle of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

(FORM MUST BE TYPED IN BLACK)

1. Corpurate 1D No. 376

Number of Shares

2000 NO PAR

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

750 Reservoir A	Wenue""		Cranston	** † XI	^z '02910	
*(40'I')'9'43-076		S State of Incorpora	ion AND		6 9214	
7 Brief Description of the Character of Rusiness Conducted in Rhode Island General practice of medicine.						
8. NAMES AND AD Provident Num. Frankel		FFICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING AT	FACHMENTS	
5750 Réservoir A	venue		Street Address			
Cranston	s:#I	² 02910	City	State	Zip	
Ellen H. Frankel			Ellen H. Franke	1		
5750 Réservoir Avenue		50750 Reservoir Avenue				
Cranston	sr K I	⁷ 02910	Cranston	sra K I	² 'δ2910	
9. NAMES AND AD Director Name None	DRESSES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS	
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	RIZED ("X" BOX FOR A	TTACHMENT)) ("X" BOX FOR ATTACHM	ENT)	
AUTHORIZED SHARES			ISSUED SHARES			

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

Number of Shares

100



Class/Series

Par Value

File Date:	FIFLEED	
Check No.:	FEB 1 3 2001	
By:	By Cr. 1294	
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.

Class/Series

COMMON

Eller H.	O courselp	2-9- <u>01</u>
Signature of Officer	Date	* -
TO 11 TT CO 1 1	1 (D	

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

Title of Officer



Par Value

NO PAR

Revised 01/99



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 Nu	ımber	DLLC	109272
-------	-------	------	--------

By:

Annual Report for the year 2000

1	The name of the limited liability comp	nany is:
••	Ellen H. Frankel Realty LLC	any io.
2.	The address of the principal office of	
3.	750 Reservoir Avenue, Cran	the laws of which it is formed is RHODE ISLAND
4.	·	tagentis: GARYR. PANNONE, ESQ.
	1800 BANKBOSTON PLAZA PROV	IDENCE RI 02903
5.	_	nited liability company and the name or title of a person to whom communications
	<u> </u>	50 Reservoir Avenue, Cranston, RI 02910
6.	A brief statement of the character of	of the business in which the limited liability company is actually engaged in this
7.		anagers, the name and address of each manager of the limited liability company
	N/A	
	25 2000	
Da	ted September 25, 2000	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
	POR SECRETARY OF STATE USE ONLY Date:	Ellen H. Frankel
Che	SEP 2 9 2000	Sole Member Title Form No. 632

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

STOP PLIANT READ (XMRCC. IDXX

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 43376 ELLEN H. FRANKEL, M.D., INC. 3. Street Address Principal Business Office State Zip 725 Reservoir Avenue RΙ 02910 Cranston 4. Business Phone No. 5 State of Incorporation 6. SIC Code 9217 RHODE ISLAND (401) 943-0761 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 City Zip State Zip RI 02910 Cranston Secretory Name Treasurer Name Ellen H. Frankel, M.D. Ellen H. Frankel, M.D. Street Address Street Address 725 Reservoir Avenue 725 Reservoir Avenue City City State Zip Zip 02910 02910 RI RΙ Cranston Cranston FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name None Street Address Street Address City Director Name Director Name Street Address Street Address City State Zip City State Zip11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

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

ISSUED SHARES

Number of Shares

100

	* 4 3 3 7 6 *
File Date.	2/2/2000
Check No :	19677
Ву:	
FOR SECRETARY O	OF STATE LISE ONLY

Class/Series

1 18810 BIRGE 11168 1111 18816 SIII 1881

Par Value

AUTHORIZED SHARES

2000 NO PAR

Number of Shares

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.

- Eles Francisch	2/2/00
Signature of Officer	Date

Class/Series

common

Par Value

No par

Ellen H. Frankel, M.D.

Print or Type Name of Officer
President

litte of Officer

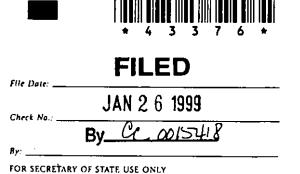


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	LACK)				
1. Carporate 1D No. 43376	2. Name of Corpora ELLEN H. F	FRANKEL, M.D., INC.	•		ب
3. Street Address Principal Busin	ess Office		City	State	Z.Ip +
725 Reservois	. Avenue	5. State of Incorporation	Cranston	RI	02910 6. SIC Code
(401) 943-076 7. Brief Description of the Charac		RHODE ISLAND In Rhode Island			9217
	cice of medici				
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS (*X* BOX FOR ATTACH)	AENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Ellen H. Frank	cel, M.D.		N/A Street Address		
725 Reservoir					
Cranston	State RI	zip 02910	City	State	Zip
Secretary Name	KI	02)10	Treasurer Name	• • • • • • • • • • • • • • • • • • • •	
Ellen H. Frank	cel, M.D.		Ellen H. Frank	e 1 , M.D.	-
725 Reservoir	Avenue		725 Reservoir	Avenue	
Cranston	State RI	^{zip} 02910	^{City} Cranston	State RI	2ip 02910
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACI	ES BEFORE USING ATTA	CHMENTS
Street Address None			Street Address		
City	State	Zip	City	State	Zip
Director Name	•		Director Name		
Street Address			Street Address		-
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMENT.	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	For Value
2000 NO PAR			4.00		
	•		100	common	No par
This report must be sig	ned in ink by eith	ner the President, Vice Pre	esident, Secretary, Assi	stant Secretary, Treasu	rer, Receiver or Truste
			•	•	

Title of Officer



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.

relean of oreanculum	1-19-99
Signature of Officer	Date
Ellen H. FrankelMD	
Print or Type Name of Officer	
Elleo H Fronkal M D	



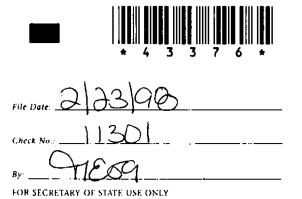
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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 City State Zip 725 Reservoir Avenue Cranston RI 02910 4. Business Phone No. SIC Code RHODE ISLAND 9217 (401) 943-0761 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 Vice President Name Ellen H. Frankel, M.D. None Street Address Street Address 725 Reservoir Avenue City Zip City State Zip RI 02910 Cranston 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 State City State Zip 02910 Cranston RΙ Cranston RΙ 02910 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip Cin State Zip Director Name Director Name Street Address Street Address City State Z_{1p} CitvState 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**

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

100



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.

common

No par value

telen transal mo	<u> </u>			
Signature of Officer	Bate			
Ellen H. Frankel, M.D.				

Print or Type Name of Officer

President

Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 07903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing P	eriod: j	lanuary 1	l – March	1 •	Filing	Fee:	\$50.00	
----------	----------	-----------	-----------	-----	--------	------	---------	--

1. Corporate ID No.	2 Name of Corpor	ration			
43376	ELLEN H.	FRANKEL, M.D., INC.			
3 Street Address Principal Busines:			City	State	Zip
725 Reservir Avent 4. Business Phone No. (401) 943-0761	16	5. State of Incorporation RHODE ISLAND	Cranston	RI	02910 6 SIC Code 9217
7. Brief Description of the Characte General practi		in Rhode Island	•		9217
8. NAMES AND ADDRES President Name	SSES OF THE OFF	FICERS ("X" BOX FOR ATTACE	IMENT) Vice President Name		
Ellen H. Frankel, Street Address	M.D.		None Street Address		
725 Reservoir Ave	nue State	Zip	City	State	Zip
Cranston Secretary Name	RI	02910	Treasurer Name		
Ellen H. Frankel, Street Address	M.D.		Ellen H. Franke	el, M.D.	
725 Reservoir Aver	nue State	Zip	725 Reservoir A	venue State	Zip
Cranston 9. NAMES AND ADDRES	RI SSES OF THE DIE	02910 . RECTORS ("X" BOX FOR ATTA	Cranston	RI	02910
Director Name		COTORS (A DONTOR ATTA	Director Name		
No	one				
Street Address			Street Address		
City	State	Z.1p	City	Stute	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED AND ISSUED	(*X* BOX FOR ATTACHMENT)			
ALTHORIZED SHARES			ISSUED SHARES		

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

Number of Shares

100



Class/Series

Par Value

Number of Shares

2000 NO PAR

File Date: \$\\\ \(\langle \) \(\langle \)

FOR SEGRETARY 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.

common

Par Value

No par value

July H. or Commis	של	2/4/97	
Signature of Officer		Date	

Class/Series

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

7

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: \$5	

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 OF			ату	STATE	ZIP CODE
725 Reservoir		5. STATE OF INCORPORATIO	Cranston .	RI	()2910 6.500 0000
(401) 943-0761		RHODI	E ISLAND		9217
7 BRIEF DESCRIPTION OF THE CHARACTER OF	BUSPIESS CONDUCTED IN RHOOE ISLA	40			
General Practi	ce of Medici	ne			
•	8. HAN				
PRESIDENT NAME			DRESSES OF THE OI WCEPPESIDENTHAME	FFICERS	
Ellen Henrie F	rankel		STREET ADDRESS		
725 Reservoir	Avenue		•		
σηγ	STATE	ZP CODE	āīv -	STATE	<i>TP</i> 000€
Cranston	-'. RI	02910	TREASURER NAME		-
Ellen Henrie F			_ Ellen_Henrie,	_Frankel	
725 Reservoir			725 Reservoir	r Avenue	
ony	STATE	ZP C00E	aty	STATE	ZP 0006
Cranston	!RI	02910	Cranston	RI	02910
DIRECTOR NAME	9. HAM (: S AND AD	DRESSES OF THE DI	RECTORS	
N/A					
STREET ADDRESS		- -	STREET ADDRESS		
YIK	STATE	1 ZIP CODE			
		1	ату	STATE	ZP C000E
OFFECTOR NAME	<u></u>	d	DIRECTOR NAME		
STREET ADORESS			STREET ADDRESS	•	
лу	STATE	* ZIP COOE	- -	to the second	
	••		uii	- STATE	ZIP CODE
- ·	-' + 10. Sha	BEC BUTH	ARIZER AND LEGUED	·•	
	AUTHORIZED SHARES		OUITED WHO 1220ED	ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERVES	PAR VALUE
2000 NO PAR			100		— — — — — — — — — — — — — — — — — — —
			100	common	<u>'n</u> o par value
				1	i
			 -	-	
			•		_
	This re	port must be.	SIGNED IN INK by either th	۵	
Presid	dent, Vice President	, Secretary, As	ssistant Secretary, Treasurer,	Receiver or Trust	ee E
		•			
			report, including	any accompanying so	d affirm that I have examined to thedules and statements, and to
,	1		all statements co	ontained herein are tru	e and correct.

For Secretary of State Use Only

By:

Signature of Officer

Ellen_Henrie Frankel Print or Type Name of Officer

President

Title of Officer

1/23/96

Date

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

Q048375

Corporate ID:

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

1995

Annual Report for the year:

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

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

Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principles.		Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: () Address and telephone of the principal office of business Island (Provide street address - Not P.O. Box): 95 Chestnut Street Providence, RI 02903	entity in Rhode		e character of business conductal Practice of ine	ted in Rhode Island:	
Phone: (401) 351.5700					
	THE NAMES OF THE				
Ellen Henrie Frankel vice president	725 Resert	voir Avenue	Cranston, RI	7JP CODE 02911 7JP CODE	
SECRETARY Ellen Henrie Frankel		voir Avenue	Cranston, RI	ziр соре 02911	
Ellen Henrie Frankel	STREET ADDRE 725 Reserv THE NAMES OF THE	voir Avenue	Cranston, RI	02911	
NAME	STREET ADDRE		CITY/STATE	XIE CODE	
NAME	STREET ADDRE	ss —	CITY/STATE	ZIP CODE	
NAME	STREET ADDRE	ss ~ ·	CITY/STATE	ZIP CODF	
NUMBER OF SHARES AUTHORIZED (Rider may be attack	thed)	NUMBER OF SHARES I	SSUED AND OUTSTANDING (R	tider may be attached)	
Number of Shares Class / Series	:	Number of Shares	Class / Series		
2000 Common		100	Common		
Date	By: ELI PRINT OR TYPE TITLE OF OFFICE	EN H. FRANKEL	, M.D., INC.		

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PICHARD I. ABRAMS
95 CHESTNUT STREET
PROVIDENCE RI 02903

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FEB 2 4 1995

By 4c 9199

PLEASE TYPE or PRINT

File Annually LLC Sept. 1 Nov. 1 CORP. Jan. 1 - March 1

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 0045376 1994 Corporate ID: Annual Report for the year: _ ELLEN H: FRANKEL, M.D., INC. Name of Business Entity: Business Entity is (check one): Business entity organized under the laws of the State of Rhode Island [X] Business Corporation (See RIGL Chapter 7-1-1) Federal Taxpayer Identification Number [] 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 Name, title and mailing address of contact person to whom communications may be directed: Flien H. Frankel, M.D., Inc. 725 Reservoir Ave #303 Phone. (R1 02910 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island: 95 Chestnut Street general practice of medicine Providence RI 02903 Dute of Organization: Aug 27, 1987 Date of Qualification to do business in Rhode Island (if foreign entity) Phone (401) 351-5700 THE NAMES OF THE OFFICERS ARE: ___ CHILLE ENECUTIVE OFFICER OR - 25 PRESIDENT (Check Osci <u>Cranston, RI</u> STREET ADDRESS 725 Reservoir Ave. Cranston, RI Ellen Henrie Frankel 725 Reservoir Ave Cranston, RI THE NAMES OF THE DIRECTORS ARE: SAME 7.P CODS. NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER NUMBER 2000 100 CLASS CLASS Common Common SERIES SERIES PAR VALUE OR PAR VALUE OR without par value without par value WITHOUT PAR WITHOUT PAR वितंत से में कार्ज TITLE DE OFFICER SIGNING 5y Form 31 194

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

RICHARD 1 ABRAMS 95 CHESTNUT ST. PROVIDENCE

FI 02903

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 43376	*********	Annual Report for	the year 1993
FIRST: The name of the	corporation is ELL	EN H. FRANKEL, M.D.	, INC.
Second: It is incorporate			
THIRD: Character of bus	·		of medicine
FOURTH: If foreign corpo	oration, address of its pr	incipal office	
FIFTH: Business address			nce, RI 02903
Sixth: Names and addre	esses of its directors and		(Attach rider if necessary)
	Director		······
	Director	•	······································
	Director		
Ellen Henrie Fran	ikel President	725 Reservoir Ave	., Cranston, RI 02911
	Vice Preside	nt	
Ellen Henrie Fran			., Cranston, RI 02911
Ellen Henrie Fran	nke1 Treasurer	725 Reservoir Ave	., Cranston, RI 02911
SEVENTH: Number of Sh	ares authorized:		Par Value
No. of Shares	Class	Senes	or statement that shares are without par value
2000	common		without par value
Еіднтн: Number of Shai	es issued:		Par Value
No. of Shares	Ciass	Rea'd & Phod MAR 1	or statement that shares are without par value
100	common	Un7784	without par value
Dated Debruary 25	1993	ELLEN H. FRANKEL	, M.D., INC.
	Ву	kund dan	lulin
(Report must be signed b	y an officer) Tii	de Presidents	lulin
Form 31 1.85		The second secon	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903 6733 R.O.

43376 rporate ID		Annual Report for the y	car 1992
First: The name of	f the corporation is	Annual Report for the y ELLEN H. FRANKEL, M.D.,	INC.
Second: It is incor	porated under the laws of	Rhode Island	•••••••••••••••••••••••••••••••••••••••
THIRD: Character of	of business, briefly stated, i	general practice of	medicine
Fourth: If foreign	corporation, address of its	principal office	
FIFTH: Business add	dress in Rhode Island	Chestnut St., Providenc	e, RI 02903
SIXTH: Names and	addresses of its directors a	h 1 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Attach rider if necessal
***************************************	Director		,
	Director	***************************************	
Fllen Henrie F	nankel President	725 Reservoir Ave., Cran	
		sident	
Ellen Henrie F	rankel Secretary	725 Reservoir Ave., Cran	ston, RI 02911
Ellen Henrie F	rankel Treasure	r 725 Reservoir Ave. Cran	ston RI 02911
SEVENTH: Number	of Shares authorized:	•	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
2000	Common	PA-ID	Without par value
		MAR 0 2 1992	
EIGHTH: Number	of Shares issued:	SECY OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1.00	Common	 ·	Without par value
red March 4	1992	ELLEN H. FRANKEL, M.D., (Name of Corporation)	INC.
		By Illen & Jeanly Stanly	
/™	.t	Time President	

State of Rhude Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

-	·) 	•	he year
			INC.
THIRD: Character of	of business, briefly stated, is	***************************************	***************************************
	general pract	ice of medicine	***************************************
FOURTH: If foreign			
FIFTH: Business add			ence, RI 02903
	addresses of its directors and		(Attach rider if necessary
Name	Office Director		
	Director	***************************************	
	Director		
	rankel President	725 Reservoir Ave.	Cranston RI 02911
		:nt	·
	rankel Secretary		Cranston, RI 02911
	rankel Treasurer		, Cranston, RI 02911
		***************************************	Per Velue
SEVENTE: Number	of Shares authorized:		or statement that shares are without
No. of Shares	Class	Series .	per value
2000	Common	PAID	Without par va
EIGHTH: Number of	of Shares issued:	PAID MAR 26 19 SECY OF STA	Par Value
	Cless	35C'Y 05	91 or statement that shares are without par value
No. of Shares	 -	OF STA	Without par va
100	Common	- -	without par va
a deb	5 1991	***********	L M. D., INC.
		(Name of Corporation)	.0.10
		By Even H. Frank	× 41) ×
(Report must be:	signed by an officer)	Title President	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID	43376	•••••	An	nual Repor	t for the	y ear 1990	••••••	•••••
First:	The name of the corporation is ELLEN H. FRANKEL, M.D., INC.				•••••••			
SECOND:	: It is incorporated	under the laws of.	Rhode I	sland	•••••		••••••••	••••••
THIRD:	Character of busine	ess, briefly stated, is	gene	ral prac	tice o	of medici	ine.	••••••
Fourth:	: If foreign corpora	ation, address of its	principal office	3			••••••••	•••••••••••
Г ІГТ Н :	Business address in	Rhode Island95	5 Chestnut	Street	Prov	idence, F	≀I 02	903
Sіхтн:	Names and addresse	es of its directors ar	nd officers:	Address (ii	ncluding num	(Attach		necessary)
		Director		••••••	•••••	•••••	••••••	•••••••
		Director		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	•••••	• • • • • • • • • • • • • • • • • • • •	
	***************************************	Director			•••••	*****************	•••••	********
Ellen Her	nrie Frankel	President	725 Re	servoir	Ave.,	Cranston	ı, RI	02911
		Vice Presi	dent		••••••••	••••	•••••	
Ellen Her	nrie Frankel	Secretary	725 Re	servoir	Ave.,	Cransto	n, RI	02911
Ellen Her	nrie Frankel	Treasurer	725 Re	servoir	Ave.,	Cransto	n, RI	02911
SEVENTH						Par V or statem shares are	ent that without	
No. of Sha		Class Common	PA	Series		without		value
200	~		MAR 1	2 19 90			~	
Еіснтн:	Number of Shares	issued:	SECT. U			Par V or statem		
No. of Sha	ares	Class		Senes		shares are par v	without	
10	00	common				without	par	value
Dated		19 90	ELLEN H.	ion)	• • • • • • • • • • • • • • • • • • • •	••••••	••••••	••••
			By Ellen			n, Inc	•••••••	*******
(Re	eport must be signed by	an officer)	Title Disease	rdent	••••••	••••••	•••••	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE RHODE ISLAND 02903

Corporate ID	43376	Annual Report for the year	r 1989
First: Th	ne name of the corporation is	ELLEN H. FRANKEL, M.I	O., INC.
Second:	It is incorporated under the laws of	Rhode Island	
Third: C	haracter of business, briefly stated, is	general practice of m	nedicine.
Fourth:	If foreign corporation, address of its	principal office	······································
Fігтн: Ви	siness address in Rhode Island	95 Chestnut St., Provider	nce, RI 02903
SIXTH: Na	ames and addresses of its directors an	nd officers: Address (including number, s	(Attach rider if necessary)
	Director		
	Director		
***************************************	Director		······································
Ellen He	enrie Frankel President	725 Reservoir Ave., (Cranston, RI 02911
	Vice President	dent	
Ellen He	enrie Frankel Secretary	725 Reservoir Ave., (Cranston, RI 02911
Ellen He	enrie Frankel Treasurer	725 Reservoir Ave., (Cranston, RI 02911
	Number of Shares authorized:		Par Value or statement that shares are without
No of Shares	Class	Series	parvalue Without Par Value
2000	Common	and	WICHOUL PAI VAIGO
Еібнтн: Л	Number of Shares issued:	-co 17 1939	Par Value
No of Shares	Class	Senes OF STATE	or statement that shares are without par value
100	Common	PAID FEB 17 1989 Senes SECY OF STATE	Without Par Value
Dated	Jan. 27 1989	ELLEN H. FRANKEL, M. (Name of Corporation)	D., INC.
		By Sellen Herrie France	Ω
(Repor	t must be signed by an officer)	Title President	

State of Rhode Island and Providence Plantations

D. P.

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID433	376	Annual Report f	or the year
-	of the corporation is		
SECOND: It is incompared to the second secon	rporated under the laws of		
THIRD: Character	of business, briefly stated, is	general practice	of medicine
FOURTH: If foreign	corporation, address of its	principal office	
FIFTH: Business ad	dress in Rhode Island 95	Chestnut St., Pro	vidence, RI 02903
SIXTH: Names and	addresses of its directors an		(Attach rider if necessary)
	Director		
•	Director		· · · · · · · · · · · · · · · · · · ·
Ellen Henri		725 Reservoir	Ave., Cranston, RI 02911
	Vice President	dent	
Ellen Henri			Ave., Cranston, RI 02 911
Ellen Henri		725 Reservoir	Ave., Cranston, RI 02911
	of Shares authorized:		Par Value or statement that shares are without
No. of Shares 2000	Class Common	Series	parvalue Without par value
EIGHTH: Number (of Shares issued:	PAID APR 19 1988 SEC'Y OF STATE	Par Value or statement that shares are without par value
100	common	SEC'Y OF STATE	without par value
Dated March 30		ELLEN H. FRANKEL (Name of Corporation)	M.D., INC.
(Report must be	signed by an officer)	Ellen Henrie Title President	-rankel Frankel