

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

ORM MUST BE TYPED IN B. Corporate ID No.	2. Name of Corpor	ration	atad		
96678	·	rano, M.D., Incorpor		State	Zip
Street Address Principal Busin	ess Office	,	City JOHNSTON	RI	02919
1524 ATWOOD AVENU	E' SOILE IT	5. State of Incorpora		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. SIC Code
Business Phone No.		RHODE ISLA			9217
1012727660	SB. State Con	A seed in Phodo Island	ا کا اندامین با به همهمین که همده باید و باید کا به باید که باید می باید باید باید باید و داخل دیواند	and the second s	man e a para para para para para para para
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resident Name Albert J. Marano,	M.D.		Stephen Marano		ر مار در المار الم
treet Address	And a second desired the self-based for the 19th fiber to the second search for	and a final response for the contract of the first final temperature and the contract of the c	Street Address	,	,
25 Dennell Drive			.3 Mark Drive		
Tity	State	Zip	City	State	Zip
<i>uy</i> Lincoln	RI	02865	North Providence	e RI	02904
ecretary Name			Treasurer Name		
Carolyn Marano			Albert J. Maran	o, M.D.	- Marian and Marian Marian and Adultum of Substances (1987) from the constraints of the second substances and
Street Address	Approximate the second real of the second second real second	And the state of t	Street Address		
26 Pinewood Drive			25 Dennell Driv	e	anned frances, to asymptotical anness passes, seem and an excess or an area and
City	State	Zip	City	State	Zip
North Providence	RT	02904	Lincoln	RI	02865
O NAMPS AND ADDRES	SES OF THE DE	RECTORS ("X" BOX F	OR ATTACHMENT) THELL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name	AND THE PROPERTY OF THE PARTY O	Control Control of the Control of th	Director Name		
None	ya yana ma <u>nangan</u> kaman kaman kanan kanan kanan kanan da	pressive a fattable contra a march of a command properties and color desiration of	Street Address	W. Philography State and December 1 (Sept. Sept.	nangan kangangan pangangan kanangan dan pangan pangan dan pangan pangan pangan pangan pangan pangan pangan pan Pangan pangan panga
Street Address					ordered in proceedings to be broken a strike of the transfer framework
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City	State	Zip	City	State	Zip
TO SHARES AUTHORE	TEN AYTROY FO	in attracements ∏	II SHARES ISSUED	X" BOX FOR ATTACHM	ZVD II · · · · · · · · · · · · · · · · · ·
AUTHORIZED SHARES			ISSUED SHARES	- The control of the state of t	and the commencer with the second
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 PA	an nama na distributa di ser papa se per processo anti metro de deserva del tratto de la compansa de la compans	ر در در دار در	None	1	
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t		100 p. 10 p.	NAMES OF THE PROPERTY OF THE P	And the second s	Daggingr or Tree
This report must be sig	ned in ink by ei	ther the President, V	ice President, Secretary, Ass	istant Secretary, Tre	usurer, necesver or 11 u
erim refractions.	•				
ia inipe dille i	#3231 1 3.88 \$ (6 1				
			Under nenalty of r	erjury, I declare and affi	rm that I have examined
9 6 6	, 7 8		this report, includi	ng any accompanying so	hedules and statements,
		 	and that all statem	ents contained herein are	true and correct.
96678 DBC 02/23/0	5 03:58:12 PM		A	5	alan -
File Date 3 22	20		(WM)cono	~ (~) o~	2/28/05
File Date 3100			Signature of Officer		Date
コンジン・シンと作われ 🔥 🖰		11444 I	Wilhold I No	forano MD	
Check No. 4 Com		<u>143-1</u> 3-1	Aiden J. IV	iaiaiio, ivi.o.	
Check No. 4 69			Print or Type Name	Marano, M.D.	
Check No. 4 6			Print or Type Name President	of Officer	

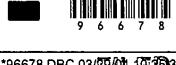


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

$\mathbf{I} \mathbf{N} \mathbf{U}$	/J: J. J.	CURE	UNAI.	IUI	IAIIIIUA	LRUF	UNI .	r ur	ILMN.	
Filing.	Period:	January 1	- March	1 •	Filing Fee: \$5	0.00			-	

FORM MUST BE TYPED IN BL					
1. Corporate ID No.	2. Name of Corpora	ation			
96678		ano, M.D., Incorpo	rated		
3. Street Address Principal Busine	ss Office		City	State	Zip
1524 ATWOOD AVENUE			JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorpor	ration		6. SIC Code
(401)272-7660		RHODE ISLA			9217
	D SURGICAL PR	ROFESSIONAL SERV	VICES BY PERSONS AUTHOR		
8. NAMES AND ADDRESS	ES OF THE OFF	CERS! ("X", BOX FOR	R <i>ATTACHMENT</i> ; ☐ FILL IN SP	ACES BEFORE USING AT	TACHMENTS
President Name		'	Vice President Name		
Albert J. Marano,	MD		Stephen Marano		
Street Address			Street Address		
25 Dennell Drive			.3 Mark Drive		
City	State	Zip	City	State	Zip
Lincoln	RI	02865	North Providence	e RI	02904
Secretary Name			Treasurer Name		
Carolyn Marano			Albert J. Maran	io, MD	
Street Address			Street Address		
26 Pinewood Drive			.25 Dennell Driv	re	
City	State	Zip	*City	State	Zip
North Providence	RI	02904	Lincoln	RI	02865
9-NAMES AND ADDRESS	FSOETHEDIRE	CTORS EXTROY	ORATTACHMENT) DIFILIAIN	SPACES PERFORMUSING	ATTACHMENTS
Director Name	35,0183,1123,013,1	SCI OROLLANDONS	Director Name	STACES, DEFORM CONTO	711 1711 1711
None			•		
Street Address	 		Street Address		
Sireet Address			• Sireer Address		
~:	Tai	Ta:		I Circio	17:
City	State	Zip	•City •	State	Zip
•_• • • • • • • • • • • • • •	1				l . <i></i>
Director Name			• Director Name		
Street Address			·Street Address		
	······		•		
City	State	Zip	.City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT) : 1/4	F THIS HARES ISSUED (*)	X" BOX FOR ATTACHMEN	$\sqrt{2}$
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
0 000 COMM \$4 00 DAD) \/ALL! =				
8,000 COMM \$1.00 PAR	VALUE		0		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
			1		
This report must he signer	d in ink hu oitha	r the President Vi	ce President, Secretary, Assi	stant Secretary Treas	urer. Receiver or Truste
This report must be signed	u in ink by eline	i ine i resident, ric	ce i restaem, becretary, 7155.	sium beereiury, ireus	w. c., 11000110, 0, 1, 1101
(0 (0)(0 E)((0 11)(0					
	188 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Under penalty of pe	rium I declare and affirm	that I have examined



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.

Sighoture of Officer
Albert J. Marano, MD

Print or Type Name of Officer

President

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[] S S E E E E

Form 630 12/01

96678 DBC 03/29/04 10:25/31 AM

File Date

MAR 3 1 2004

Check No.

By C Z 4 19 /

FOR SECRETARY OF STATE USE ONLY



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

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Albert J. Marano, M.D., Incorporated 96678 Zip State 3. Street Address Principal Business Office RI 02919 1524 Atwood Avenue, Suite 117 Johnston 6. SIC Code 5. State of Incorporation 4. Business Phone No. 9217 401-272-7660 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island medical provider 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name . Stephen Marano Albert J. Marano, MD Street Address Street Address . 3 Mark Drive 25 Dennell Drive Zip State City State City 02904 RI North Providence RI 02865 Lincoln Treasurer Name Secretary Name Albert J. Marano, Carolyn Marano * Street Address Street Address 25 Dennell Drive 26 Pinewood Drive Zip *City State City State Zip 02865 RI 02904 Lincoln North Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) TFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address Zip State City Zip City State Director Name Director Name Street Address Street Address Zip City State City State Zip 11. SHARES ISSUED ("X", BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Far Value Class/Series Number of Shares 0 \$1.00 8,000 Common 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. 10 881 M. 11 32 7 File Date MAR 31 2004 Check No. Print or Type Name of Officer MARANO 11.3 FOR SECRETARY OF STATE USE ONLY

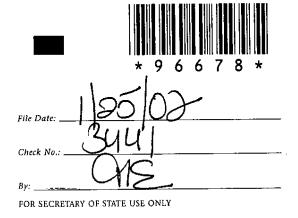
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP
PLEASE READ
INSTRUCTIONS

Filing Period: Janu	ary 1-March 1 •	Filing Fee: \$50.00			INSTRUCT
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corporat				
96678		rano, M.D., Incorporated	City	State	Zio
3. Street Address Principal Busi 1524 ATWO	iness Office OD AVE Suite	c 117	JOHNSTON	Sim R. I.	"" 02919
4. Business Phone No. 401 - 272-7		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Char MEDICAL F	racter of Business Conducted in	ı Rhode İsland			
		CERS ("X" BOX FOR ATTACH	Vice President Name	EFORE USING ATTAC	HMENTS
ALBE	RT J. MARAN	OM, OC	STEPHENV Street Address		
	ENNELL BRIVE	E'	3 MARK	Drive	
City LINCOLN	State R I	zip 028 65	North Prov.	State R. I.	zip 0 2904
Secretary Name	·		Treasurer Name		
	MARANO		ALBERT Street Address	J. MARANO	, MD
Street Address	ēulans Acu	.:	25 PENA	VELL Drive	
Norm Prop	EWOOD Driv	zip 02904	LINCOLN	State \mathcal{R} - \mathcal{I} .	02865
9. NAMES AND ADD Director Name	RESSES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	CHMENT) · FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
N	ONE		NO.	NE	
Street Address	0.00	•	Street Address		
City	State	. Zip	City	State	Zip
Director Name			Director Name	•	
	ONE			NE	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR AUTHORIZED SHARES	RIZED ("X" BOX FOR ATT	ACHMENT)	- 11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



8,000 COMM \$1.00 PAR VALUE

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.

Stephen Marano
Signature of Officer

1-23-2002 Date

STEPHEN MARAY

VICE PRESIDENT

Title of Officer

mm 630 12/01

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.	Corpo	rate ID 1	^{No.} 6678
3.	Street	Address	Principal

2. Name of Corporation

90078	Albert J.	Marano, M.V.,	Theor por acea		
3. Street Address Principal Business Office 1524 ATWOO	D AVE	SuiTE 117	City JOHNSTON	State R.I.	zip 02919
1. Business Phone No. 401-272-7460		5. State of Incorporation RHODE ISLAN			6. SIC Code 9217

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

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name ALBERT J. MARANO, MD

Street Address DENNELL

MEDICAL PRACTICE

LINCOLN Secretary Name

CAROLYN MARANO

NONE

State

State

FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name STEPHEN MARANO

Street Address 3

Treasurer Name

J. MARANO. MO ALBERT Street Address

25

LINCOLN

NONE

02865

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

Street Address

Director Name

City

Director Name

MONE

Street Address

City

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

Zip

· City

Director Name

Street Address

Street Address

City

State

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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



File Date:

8,000 COMM \$1.00 PAR VAL

Check No .:

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.

STEPHEN Print or Type Name of Officer

Title 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 2000

tiling Perio	d: January	1-March 1	•	Filing	Fee: \$5	0.00

Filing Period: January		tiling Fee: \$50.00	•		
(FORM MUST BE TYPED IN BLA 1. Corporate ID No. 96678	2. Name of Corporation	" Marano, M.D., Ir	ncorporated	•	
3. Street Address Principal Business 1524 Atwood 4. Business Phone No. 401-272-7660 7. Brief Description of the Character	Avenue of Business Conducted in R			State RI	zip 02919 6. stc Code 9217
8. NAMES AND ADDRESS President Name	SES OF THE OFFICE	ofessional se ERS ("x" BOX FOR ATTACH	IVICES IMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHI	WENTS
Albert J. Ma Street Address	rano, M.D.		Stephen R.	Marano	,
1524 Atwood Johnston	Avenue ^{State} RI	^{Zip} 02919	1524 Atwood Cuy Johnston	d Avenue State RI	^{Zip} 02919
Secretary Name Carolyn Marai Street Address 1524 Atwood A	•		Treasurer Name Albert J. M Street Address 1524 Atwood	Marano, M.D.	
Johnston	State RI	^{Zip} 02919	city Johnston	State RI	. zip 02919
9. NAMES AND ADDRESS Director Name None	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTACE	IMENTS
treet Address		<i>:</i>	Street Address		
City	State	Zip	City .	State	Zip
Director Name			Director Name		
treet Address			Street Address		
îty	State	Zip	City	State	Zip
0. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x	(* BOX FOR ATTACHMENT)	,
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 (· · · · · · · · · · · · · · · · · · ·

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

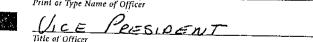




Index penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements, an
hat all statements contained herein are true and correct.

SIEPHEN R
Print or Type Name of Officer

OR SECRETARY OF STATE USE ONLY





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 1999

ì	H	n	g	P	er	iod:	January	1-Mar	ch 1	•	Filing	Fee:	\$50.00

PLEASE I INSTRUC	READ
INSTRUC	11072
	_/

(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corporat	tion			
96678	Albert 3	J. Marano, M.	D., Incorporated	1	
3. Street Address Principal Bus		•	City	State	Zip
1524 Atwood	Avenue		Johnston	RI	02919
4. Business Phone No.		5. State of Incorporation	n		6. SIC Code
401-272-7660	1	RHODE IS	LAND		9217
7. Brief Description of the Cha	racter of Business Conducted in	n Rhode Island			
Medical and	surgical prof	fessional ser	vices.		
8. NAMES AND ADD	RESSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)	•	
President Name			Vice President Name		
Albert J. Ma	rano, M.D.		Stephen R. M	Marano	
Street Address	•	•	Street Address		
1524 Atwood	Avenue		1524 Atwood	Avenue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Carolyn Mara	ino		Albert J. Ma	arano, M.D.	
Street Address			Street Address		
1524 Atwood	Avenue		1524 Atwood	Avenue	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR A	ATTACHMENT)		
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 AUTHOR	RIZED ("X" BOX FOR ATT	FACHMENT)	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 00	100	Common	\$1.00
8,000	Common	\$1.00	100	·	,,,,,
		1			

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

	uh 25,99
File Date:	11001190
Check No.:	1888
Ву:	Y D
FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Date

ALBERT J. MARANO, MO
Print or Type Name of Officer

PRESIDENT
Title of Officer



1. Corporate ID No.

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) 2. Name of Corporation

		ano, M.D., Incorpor		State	Zip	
3. Street Address Principal Business Office			Johnston	RI	02919	
1524 Atwood Ave 4. Business Phone No.	nue	5. State of Incorporation		***	6. SIC Code 9217	
401-272-7660		RHODE ISLAN	ID .			
7. Brief Description of the Character of Bu. Medical and sur		•	rvices			
			•			
8. NAMES AND ADDRESSES (President Name	OF THE OFFIC	EK2 ("X" BOX FOR ATTAC	JHMEN I) Vice President Name			
	o M D		None			
Albert J. Maran Street Address	Ю, М.Б.		Street Address			
1524 Atwood Ave	nne		•			
	tate	Zip	City	State	Zip	
Johnston	RI	02919		·		
Secretary Name		ı	Treasurer Name		.•	
Albert J. Maran	o, M.D.		Albert J. Ma	arano, M.D.		
Street Address			Street Address 1524 Atwood Avenue			
1524 Atwood Ave			. – – :		7:-	
•	tate	zip 02919	Johnston	State RI	zip 02919	
Johnston	RI				•	
9. NAMES AND ADDRESSES Director Name	OF THE DIKE	CIORS (-x- BOX FOR AT	Director Name			
None						
Street Address			Street Address			
City S	itate	Zip	City	State	Zip	
Director Name	•		Director Name			
Street Address			Street Address			
City S	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED (*)	X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	(TN	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 COMM \$1.00 PAR	VAL		None			

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

	* 9 6 6 7 8 *	
File Date:	2-18-98	
Check No.:	1931	_
Ву:	ICP / VIII	
FOR SECRETA	RY OF STATE USE ONLY	ì

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.

of Officer

Date

ALBERT J. MARANO, MO Print or Type Name of Officer

Title of Officer