



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96678		2. Name of Corporation Albert J. Marano, M.D., Incorporated			
3. Street Address Principal Business Office 1524 ATWOOD AVENUE, SUITE 117		City JOHNSTON	State RI	Zip 02919	
4. Business Phone No. 4012727660		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER MEDICAL AND SURGICAL PROFESSIONAL SERVICES BY PERSONS AUTHORIZED TO PRACTICE AS PHYSICIANS AND SURGEONS					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert J. Marano, M.D.			Vice President Name Stephen Marano		
Street Address 25 Dennell Drive			Street Address 3 Mark Drive		
City Lincoln	State RI	Zip 02865	City North Providence	State RI	Zip 02904
Secretary Name Carolyn Marano			Treasurer Name Albert J. Marano, M.D.		
Street Address 26 Pinewood Drive			Street Address 25 Dennell Drive		
City North Providence	State RI	Zip 02904	City Lincoln	State RI	Zip 02865
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
8,000 COMM \$1.00 PAR VALUE			None		

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



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96678-DBC 02/23/05 03:58:12 PM

File Date 3/22/05

Check No. 4169

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.

Signature of Officer
Albert J. Marano, M.D.

Print or Type Name of Officer

President

Title of Officer

Date 2/28/05

Form 630 12/01



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 IN BLACK)

1. Corporate ID No. 96678		2. Name of Corporation Albert J. Marano, M.D., Incorporated			
3. Street Address Principal Business Office 1524 ATWOOD AVENUE, SUITE 117			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. (401) 272-7660		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER MEDICAL AND SURGICAL PROFESSIONAL SERVICES BY PERSONS AUTHORIZED TO PRACTICE AS PHYSICIANS AND SURGEONS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert J. Marano, MD			Vice President Name Stephen Marano		
Street Address 25 Dennell Drive			Street Address 3 Mark Drive		
City Lincoln	State RI	Zip 02865	City North Providence	State RI	Zip 02904
Secretary Name Carolyn Marano			Treasurer Name Albert J. Marano, MD		
Street Address 26 Pinewood Drive			Street Address 25 Dennell Drive		
City North Providence	State RI	Zip 02904	City Lincoln	State RI	Zip 02865
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
8,000 COMM \$1.00 PAR VALUE			0		

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



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

FILED

File Date
MAR 31 2004

Check No.
By C24191

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
Albert J. Marano, MD

Date
3/30/04

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96678		2. Name of Corporation Albert J. Marano, M.D., Incorporated			
3. Street Address Principal Business Office 1524 Atwood Avenue, Suite 117			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-272-7660		5. State of Incorporation Rhode Island			6. SIC Code 9217
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Albert J. Marano, MD			Vice President Name Stephen Marano		
Street Address 25 Dennell Drive			Street Address 3 Mark Drive		
City Lincoln	State RI	Zip 02865	City North Providence	State RI	Zip 02904
Secretary Name Carolyn Marano			Treasurer Name Albert J. Marano, MD		
Street Address 26 Pinewood Drive			Street Address 25 Dennell Drive		
City North Providence	State RI	Zip 02904	City Lincoln	State RI	Zip 02865
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
8,000	Common	\$1.00	0		

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

FILED

File Date

MAR 31 2004

Check No.

By 026191

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.

Signature of Officer

Date

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

PRESIDENT
Title of Officer

Form 630 12/01



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. 96678
2. Name of Corporation Albert J. Marano, M.D., Incorporated
3. Street Address Principal Business Office
1524 ATWOOD AVE Suite 117
4. Business Phone No. 401-272-7660
5. State of Incorporation RHODE ISLAND
6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL PROVIDER

City JOHNSTON State R.I. Zip 02919

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

President Name ALBERT J. MARANO, MD
Street Address 25 DENNELL DRIVE
City LINCOLN State RI Zip 02865
Secretary Name CAROLYN MARANO
Street Address 26 PINWOOD DRIVE
City NORTH PROV. State RI Zip 02904

Vice President Name STEPHEN MARANO
Street Address 3 MARK DRIVE
City NORTH PROV. State R.I. Zip 02904
Treasurer Name ALBERT J. MARANO, MD
Street Address 25 DENNELL DRIVE
City LINCOLN State R.I. Zip 02865

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 NONE
Street Address
City State Zip

Director Name NONE
Street Address
City State Zip
Director Name NONE
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
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



* 9 6 6 7 8 *

File Date: 1/25/02

Check No.: 3441

By: ONE

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 Marano 1-23-2002
Signature of Officer Date

STEPHEN MARANO
Print or Type Name of Officer

VICE 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. 96678 2. Name of Corporation Albert J. Marano, M.D., Incorporated
3. Street Address Principal Business Office 1524 ATWOOD AVE SUITE 117 City JOHNSTON State R.I. Zip 02919
4. Business Phone No. 401-272-7660 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217

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

MEDICAL PRACTICE

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

President Name ALBERT J. MARANO, MD Vice President Name STEPHEN MARANO
Street Address 25 DENNELL DRIVE Street Address 3 MARK DRIVE
City LINCOLN State R-I. Zip 02865 City NORTH PROVIDENCE State R.I. Zip 02904
Secretary Name CAROLYN MARANO Treasurer Name ALBERT J. MARANO, MD
Street Address 26 PINEWOOD DRIVE Street Address 25 DENNELL DRIVE
City NORTH PROVIDENCE State R-I. Zip 02904 City LINCOLN State R-I. Zip 02865

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

Director Name NONE Director Name NONE
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Director Name NONE Director Name NONE
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
8,000 COMM \$1.00 PAR VAL

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



* 9 6 6 7 8 *

File Date: 3/5

Check No.: 2934

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.

Stephen Marano 2-28-2001
Signature of Officer Date

STEPHEN MARANO
Print or Type Name of Officer

VICE 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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96678** 2. Name of Corporation **Albert J. Marano, M.D., Incorporated**

3. Street Address Principal Business Office **1524 Atwood Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **401-272-7660** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Medical and surgical professional services

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

President Name **Albert J. Marano, M.D.** Vice President Name **Stephen R. Marano**
Street Address **1524 Atwood Avenue** Street Address **1524 Atwood Avenue**
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**

Secretary Name **Carolyn Marano** Treasurer Name **Albert J. Marano, M.D.**
Street Address **1524 Atwood Avenue** Street Address **1524 Atwood Avenue**
City **Johnston** State **RI** Zip **02919** City **Johnston** State **RI** Zip **02919**

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 City State State Zip Zip
Director Name Director Name
Street Address Street Address
City City State State Zip Zip

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

AUTHORIZED SHARES
Number of Shares **8,000** Class/Series **COMM** Par Value **\$1.00**

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

ISSUED SHARES
Number of Shares **100** Class/Series **Common** Par Value **\$1.00**

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



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File Date: **2-29-00**

Check No.: **2406**

By: **AMF**

OR 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 R. Marano **2-25-2000**
Signature of Officer Date

STEPHEN R. MARANO
Print or Type Name of Officer

VICE 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 FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96678 2. Name of Corporation Albert J. Marano, M.D., Incorporated
3. Street Address Principal Business Office 1524 Atwood Avenue City Johnston State RI Zip 02919
4. Business Phone No. 401-272-7660 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
Medical and surgical professional services.

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

President Name	Vice President Name
Albert J. Marano, M.D.	Stephen R. 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 Marano	Albert J. Marano, 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 ADDRESSES OF THE DIRECTORS ("X" BOX FOR 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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000	Common	\$1.00

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	\$1.00

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

File Date: MAR 25, 1999
Check No.: 1888
By: JD

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 Albert J. Marano Date 1-18-99
Print or Type Name of Officer ALBERT J. MARANO, MD
Title of Officer PRESIDENT



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.

2. Name of Corporation

96678

Albert J. Marano, M.D., Incorporated

3. Street Address Principal Business Office

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401-272-7660

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

Medical and surgical professional services.

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

President Name

Albert J. Marano, M.D.

Vice President Name

None

Street Address

1524 Atwood Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Secretary Name

Albert J. Marano, M.D.

Treasurer Name

Albert J. Marano, M.D.

Street Address

1524 Atwood Avenue

Street Address

1524 Atwood Avenue

City

Johnston

State

RI

Zip

02919

City

State

Zip

Johnston

RI

02919

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

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

8,000 COMM \$1.00 PAR VAL

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



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File Date: 2-18-98

Check No.: 1031

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] 1-23-98
Signature of Officer Date

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

President
Title of Officer