



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

Mathew 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. 80781		2. Name of Corporation Dominick Zangari, Jr., MD, Inc.			
3. Street Address Principal Business Office 375 METACOM AVENUE		City BRISTOL	State RI	Zip 02809	
4. Business Phone No. 401-253-3900		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN RENDERING PROFESSIONAL OPHTHALMOLOGIC SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DOMINICK ZANGARI, JR., M.D.		Vice President Name NONE			
Street Address 375 METACOM AVENUE		Street Address			
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name DOMINICK ZANGARI, JR., M.D.		Treasurer Name DOMINICK ZANGARI, JR., M.D.			
Street Address 375 METACOM AVENUE		Street Address 375 METACOM AVENUE			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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			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 2/25/05
Check No. 2516
By: 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.
Dominick Zangari Jr 2/17/05
Signature of Officer Date
DOMINICK ZANGARI, JR., 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 IN BLACK)

1. Corporate ID No. 80781		2. Name of Corporation Dominick Zangari, Jr., MD, Inc.			
3. Street Address Principal Business Office 375 METACOM AVENUE		City BRISTOL	State RI	Zip 02809	
4. Business Phone No. 401-253-3900		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN RENDERING PROFESSIONAL OPHTHALMOLOGIC SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DOMINICK ZANGARI, JR., M.D.		Vice President Name NONE			
Street Address 375 METACOM AVENUE		Street Address			
City BRISTOL	State RI	Zip 02809	City	State	
Secretary Name DOMINICK ZANGARI, JR., M.D.		Treasurer Name DOMINICK ZANGARI, JR., M.D.			
Street Address 375 METACOM AVENUE		Street Address 375 METACOM AVENUE			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	
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	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	
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			100	COMMON	\$1.00

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



8 0 7 8 1

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.

Dominick Zangari Jr MD 2/01/04
Signature of Officer Date
DOMINICK ZANGARI, JR., M.D.
Print or Type Name of Officer
PRESIDENT
Title of Officer

80781 DBC 01/20/04 02:18:45 PM

File Date 2/17/04

Check No. 2455

By: Kmm

FOR SECRETARY OF STATE USE ONLY

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No.

2 Name of Corporation

80781

Dominick Zangari, Jr., MD, Inc.

3 Street Address Principal Business Office

City

State

Zip

375 Metacom Avenue

Bristol

RI

02809

4 Business Phone No.

5 State of Incorporation

6 SIC Code

401-253-3900

RHODE ISLAND

9217

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

Professional ophthalmological practice

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

President Name

Vice President Name

Dominick Zangari, Jr., M.D.

N/A

Street Address

Street Address

375 Metacom Avenue

City

State

Zip

City

State

Zip

Bristol

RI

02809

Secretary Name

Treasurer Name

Dominick Zangari, Jr., M.D.

Dominick Zangari, Jr., M.D.

Street Address

Street Address

as above

as above

City

State

Zip

City

State

Zip

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

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

8,000 COMM \$1.00 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



* 8 0 7 8 1 *

File Date: FILED

Check No. JAN 31 2003

By: CH#2886

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

Dominick Zangari, Jr., 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
401-222-3940



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.

80781

2. Name of Corporation

Dominick Zangari, Jr., MD, Inc.

3. Street Address Principal Business Office

City

State

Zip

375 Metacom Avenue

Bristol

RI

02809

4. Business Phone No

5. State of Incorporation

6. SIC Code

401-253-3900

RHODE ISLAND

9217

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

Professional ophthalmological practice

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

President Name

Vice President Name

Dominick Zangari, Jr., M.D.

N/A

Street Address

Street Address

375 Metacom Avenue

City

State

Zip

Bristol

RI

02809

Secretary Name

Treasurer Name

Dominick Zangari, Jr., M.D.

Dominick Zangari, Jr., M.D.

Street Address

Street Address

as above

as above

City

State

Zip

City

State

Zip

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

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

8,000 COMM \$1.00 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



* 8 0 7 8 1 *

File Date: 2/13/2002

Check No.: 2309

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] 2/8/02
Signature of Officer Date

Dominick Zangari, Jr., M.D.

Title 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

80781

2. Name of Corporation

Dominick Zangari, Jr., MD, Inc.

3. Street Address Principal Business Office

375 Metacom Avenue

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

401-253-3900

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

Professional ophthalmological practice

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

President Name

Dominick Zangari, Jr., M.D.

Street Address

375 Metacom Avenue

City

Bristol

State

RI

Zip

02809

Secretary Name

Dominick Zangari, Jr., M.D.

Street Address

as above

City

State

Zip

Vice President Name

N/A

Street Address

City

State

Zip

Treasurer Name

Dominick Zangari, Jr., M.D.

Street Address

as above

City

State

Zip

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

Director Name

None -- close corporation

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

8,000 SHS COMM \$1.00 PAR

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



* 8 0 7 8 1 *

File Date: _____

Check No.: _____

JAN 29 2001

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.

Dominick Zangari, Jr. 1/24/01
Signature of Officer Date

Dominick Zangari, Jr., 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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80781** 2. Name of Corporation **Dominick Zangari, Jr., MD, Inc.**
3. Street Address Principal Business Office City State Zip
375 Metacom Avenue Bristol RI 02809
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-253-3900 RHODE ISLAND 9217
7. Brief Description of the Character of Business Conducted in Rhode Island

Professional ophthalmological practice

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

President Name	Vice President Name
Dominick Zangari, Jr., M.D.	N/A
Street Address	Street Address
375 Metacom Avenue	
City State Zip	City State Zip
Bristol RI 02809	
Secretary Name	Treasurer Name
Dominick Zangari, Jr., M.D.	Dominick Zangari, Jr., M.D.
Street Address	Street Address
as above	as above
City State Zip	City State Zip

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

Director Name	Director Name
None -- close corporation	
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 SHS COMM \$1.00 PAR

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



* 8 0 7 8 1 *

File Date: **FILED**

Check No.: **FEB 01 2000**

By: **CC 2118**

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.

Dominick Zangari, Jr., MD 1/25/00
Signature of Officer Date

Dominick Zangari, Jr., 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.

2. Name of Corporation

80781

Dominick Zangari, Jr., MD, Inc.

3. Street Address Principal Business Office

375 Metacom Avenue

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

401-253-3900

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9217

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

Professional ophthalmological practice

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

President Name

Dominick Zangari, Jr., M.D.

Vice President Name

n/a

Street Address

375 Metacom Avenue

Street Address

City

Bristol

State

RI

Zip

02809

City

State

Zip

Secretary Name

Dominick Zangari, Jr., M.D.

Treasurer Name

Dominick Zangari, Jr., M.D.

Street Address

as above

Street Address

as above

City

State

Zip

City

State

Zip

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

Director Name

None -- close corporation

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 SHS COMM \$1.00 PAR

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



* 8 0 7 8 1 *

File Date: **FILED**

Check No: **EEB 08 1999**

By: **cc 1865**

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.

Dominick Zangari, Jr., MD
Signature of Officer Date **1/21/99**

Dominick Zangari, Jr., 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 FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **80781** 2. Name of Corporation **Dominick Zangari, Jr., MD, Inc.**

3. Street Address Principal Business Office
375 Metacom Avenue City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **253-3900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8217**

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

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

President Name Dominick Zangari, Jr., M.D.	Vice President Name n/a
Street Address 375 Metacom Avenue	Street Address
City Bristol	City
State RI	State
Zip 02809	Zip
Secretary Name Dominick Zangari, Jr., M.D.	Treasurer Name Dominick Zangari, Jr., M.D.
Street Address as above	Street Address as above
City	City
State	State
Zip	Zip

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

Director Name None -- Close corporation	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 Class/Series Par Value
8,000 SHS COMM \$1.00 PAR

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



FILED

File Date: **JAN 28 1998**

Check No.: **CC 1668**

By: **CC 1668**
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.

Dominick Zangari, Jr., MD (pres) 1/24/98
Signature of Officer Date

Dominick Zangari, Jr., 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. Corporation No. **80781** 2. Name of Corporation **Dominick Zangari, Jr., MD, Inc.**

3. Street Address Principal Business Office **375 Metacom Avenue** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **253-3900** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name Dominick Zangari, Jr., M.D.	Vice President Name n/a
Street Address 375 Metacom Avenue	Street Address
City Bristol State RI Zip 02809	City State Zip
Secretary Name Dominick Zangari, Jr., M.D.	Treasurer Name Dominick Zangari, Jr., M.D.
Street Address as above	Street Address as above
City State Zip	City State Zip

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

Director Name None: Close Corporation	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
8,000 SHS COMM \$1.00 PAR	100 Common \$1.00

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



* 8 0 7 8 1 *

File Date: **3/6/97**
Check No.: **1895**
By: **ecr**

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 **Dominick Zangari, Jr.** Date **2/20/97**
Print or Type Name of Officer **Dominick Zangari, Jr., M.D.**
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

80781 Dominick Zangari, Jr., MD, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

375 Metacom Avenue

Bristol

RI

02809

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

401-253-3900

Rhode Island

9217

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

Professional opthalmological practice

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

Dominick Zangari, Jr., MD

N/A

STREET ADDRESS

STREET ADDRESS

as above

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

SECRETARY NAME

TREASURER NAME

Dominick Zangari, Jr., MD

Dominick Zangari, Jr., MD

STREET ADDRESS

STREET ADDRESS

as above

as above

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

NONE - Close Corporation

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

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
8,000	Common	\$1.00	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:

Check No:

By:

For Secretary of State Use Only

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

Signature of Officer

Dominick Zangari, Jr., MD
Print or Type Name of Officer

President

Title of Officer

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

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: <u>80781</u>	Annual Report for the year: <u>1995</u>
Name of Corporation: <u>Dominick Zangari, Jr., MD, Inc.</u>	
Business entity organized under the laws of the State of: <u>Rhode Island</u>	Business Entity is (check one):
For foreign entity, address and telephone number of principal office:	<input checked="" type="checkbox"/> Business Corporation (See RIGL Chapter 7-1.1)
	<input type="checkbox"/> Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: _____	
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
<u>375 Metacom Avenue</u>	<u>ophthalmologists office</u>
<u>Bristol, RI 02809</u>	
Phone: <u>(401) 253-4300</u>	

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Dominick Zangari, Jr.	375 Metacom Avenue	Bristol, RI	02809
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Dominick Zangari, Jr.	375 Metacom Avenue	Bristol, RI	02809
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Dominick Zangari, Jr.	375 Metacom Avenue	Bristol, RI	02809

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			
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
8,000	Common

Number of Shares	Class / Series
100	Common

MAR 02 1995
Class / Series
Common 100H30
100

Date February 22, 1995

By: Dominick Zangari, Jr. as Pres

Dominick Zangari, Jr.
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS.

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

1 J00KAMN1ALZANGARI AR.