

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, RJ 02903-1335 401.222.3040

| PROFIT | Γ CORPORATION ANNUAL REPORT FOR THE YEAR 20 |)05 |
|---------------|---|-----|
| | | |

| r iing Perioa: Januar) (FORM MUST BE TYPED | | ruing ree: \$50.00 | | | |
|--|---|--|---|---------------------------------------|--------------------------|
| 1. Corporate ID No. | 2. Name of Cor | | | | |
| 80781 | | Zangari, Jr., MD, Inc. | | | |
| 3. Street Address Principal | | | City | State | Zip |
| 375 METACOM AVI | ENUE | | BRISTOL | ! RI | 02809 |
| 4. Business Phone No. | | 5. State of Incorpora | | | 6. SIC Code |
| 401-253-3900 | | RHODE ISLAI | ND | | 9217 |
| 7. Brief Description of the C TO ENGAGE IN RENI | Character of Business C DERING PROFESS | Conducted in Rhode Island IONAL OPHTHALMOLOG | IC SERVICES. | | |
| 8. NAMES AND ADDE President Name DOMINICK ZANGAR | | FFICERS ("X" BOX FOR | ATTACHMENT) FILL IN : Vice President Name | SPACES BEFORE USING A | TTACHMENTS |
| Street Address | .1, OK., M.D. | | NONE Street Address | | |
| 375 METACOM AVE | NTIE | | Sirect Address | | |
| City | State | Zip | City | State | Zip |
| BRISTOL | RI | 02809 | City | Julie | 2.1.51 |
| Secretary Name | | | Treasurer Name | • • • • • • • • • • • • | . ! |
| DOMINICK ZANGAR | I. JR., M.D. | | DOMINICK ZANGA | ARI. JR., M.D. | |
| Street Address | | | ' Street Address | | |
| 375 METACOM AVE | NUE | | .375 METACOM AV | /ENTIE | |
| City | State | Zıp | *City | State | Zip |
| BRISTOL | RI | 02809 | BRISTOL | RI | 02809 |
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| Director Name | Coses Of the D | INECTORS CY BOX TO | Director Name | A SLACES BELOKE OSING | VilVCumen 12 |
| NONE | | | • | | |
| Sireci Address | | | Sireei Address | | |
| SIFECT MULICUS | | | * Sireer Address | | |
| City | State | Zip | ·City | State | Zip |
| chy | Sibie | λ.φ | · . | Siture | Σ <i>ι</i> ρ |
| Director Name | ••••• | | Director Name | | |
| Sireet Address | | | ·Street Address | | |
| City | State | Zıp | .City | State | ⊺Zĺp ! |
| 10. SHARES AUTHOR | RIZED ("X" BOX FO | OR ATTACHMENT) | 11. SHARES ISSUED (| "X" BOX FOR ATTACHMEN | <u></u> |
| Number of Shares | Ciass/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 COMM \$1.00 | · · · · · · · · · · · · · · · · · · · | | 100 | COMMON | \$1.00 |
| | ······································ | | | | - |
| This report must be si | gned in ink by ei | ther the President Vice | President, Secretary, As. | sistant Secretary Treas | urer. Receiver or Truste |
| | o z | 1 7 1.03.00.00, 710.0 | | Georgiary, Freusi | , 110001767 07 77 4376 |
| 8. 14 5 = 11 | | | | | |
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| | i 1888 i 1818 i 18 | | | | |
| 8 0 | 7 8 1 | | | ocrjury, I declare and affirm | |
| | | | | ng any accompanying schee | |
| | | | and that all statem | ents contained herein are tri | ue and correct. |
| File Date 3 35 | los | | (2) | 16 2 | 1/12/05 |
| - 150 | | | Signature of Officer | - James | |
| Check No. 2516 | | | | KZANGARI, JR | M D |
| ^ | - | _ | | · · · · · · · · · · · · · · · · · · · | ., IVI.U. |
| $B_{\underline{Y}_{i}}$ (J) . | | | Print or Type Name | - *- | |
| FOR SECRETARY OF ST | ATE USE ONLY | | PRESIDE | N I | |
| L Chica, IARI OF 31, | ATE USE OREI | | Title of Officer | | Form 630 12/0 |



FOR SECRETARY OF STATE USE ONLY

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) I. Corporate ID No. 2. Name of Corporation 80781 Dominick Zangari, Jr., MD, Inc. 3. Street Address Principal Business Office State Zip City 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 TO ENGAGE IN RENDERING PROPESSIONAL OPHTHALMOLOGIC SERVICES. 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. NONE Street Address Street Address 375 METACOM AVENUE Cin State Cin Zip Zio BRISTOL RI 02809 Secretary Name Treasurer Name DOMINICK ZANGARI, DOMINICK ZANGARI, JR., JR., M.D. Street Address Sireei Address 375 METACOM AVENUE 375 METACOM AVENUE Zip City City State Zip State BRISTOL RI 02809 BRISTOL RI 02809 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 Žip City State State City Director Name Director Name Sircei Address Street Address Cirv City State State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Par Vulue Number of Shares Class/Scries Par Vulue COMMON \$1.00 8,000 COMM \$1.00 PAR VALUE 100 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 regort, including any accompanying schedules and statements, and that all statements contained herein are true and correct. *80781 DBC 01/20/04 02:18:45 PM* 2/01/04 Signature of Officer Check No. DOMINICK ZANGARÍ, JR., M.D. Print or Type Name of Officer

PRESIDENT

Form 630 12/01

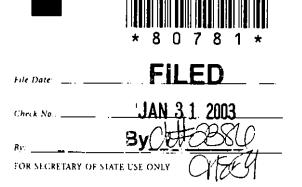
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

| FORM MUST BE TYPED OR PRII 1-Gosporate ID No. | NTED IN BLACK) 2 Name of Corpor | ation | | | |
|--|----------------------------------|---------------------------|--|------------------------|----------------------|
| 80781 | • | | | | |
| 3 Street Address Principal Busine | ss Office | angari, Jr., MD, Inc. | City | State | Zip |
| 375 Metacom Av 4 Business Phone Na. | renue | 5. State of Incorporation | Bristol | RI | 02809 6. SIC Cale |
| 401-253-3900 7. Brief Description of the Charact | ter of Business Conducted | RHODE ISLAI | ND · | | 9217 |
| Professional c | | | | | |
| 8. NAMES AND ADDRE | | | ACHMENT) FILL IN SPACE Vice President Name | S BEFORE USING ATTAC | CHMENTS |
| Dominick Zanga Street Address 375 Metacom Av | | | N/A Street Address | | |
| Sitv | State | Zip | City | State | 7. |
| Bristol | RI | 02809 | , | State | Zip |
| Secretary Name Dominick Zanga Street Address | ri, Jr., M.D. | | Treasurer Name Dominick Zan Street Address | gari, Jr., M.D. | |
| as above | | | as above | | |
| Orty | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRE | SSES OF THE DIR | ECTORS ("X" BOX FOR A | OTTACHMENT) FILL IN SPA | CES BEFORE USING ATT | ACHMENTS |
| None Street Address | | | Street Address | | |
| Otty | State | 71p | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZ | ED ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMEN | r) |
| Number of Shares | Class/Senes | 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



Dominick Zangari, Jr., M.D.

President

Title of Officer

Form 630 - 12/02

Edward S. Inman, III. Secretary of State Corporations Distance 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 | iary 1-March I • | Filing Fee: \$50.00 | | | INSIR |
|--|-------------------------------------|---|---|-------------------------|---------------------|
| FORM MUST BE TYPED IN | N BLACK) | | | | |
| 1 Corporate ID No. | 2. Name of Corpora | ition | | | |
| 80781 | Dominick Z | angari, Jr., MD, Inc. | | | |
| 3. Street Address Principal Bus | | • | City | State | Zip |
| 375 Metacom | Avenue | 5 State of Incorporation | Bristol | RI | 02809 6 SIC Code |
| 401-253-3900 Brief Description of the Cha |) tracter of Business Conducted | RHODE ISLAND in Rhode Island | | | 9217 |
| | ophthalmologic RESSES OF THE OFF | cal practice ICERS **x* BOX FOR ATTACE | HMENT) FILL IN SPACE Vice President Name | ES BEFORE USING ATTAC | HMENTS |
| Dominick Zan | ngari, Jr., M.D | • | N/A Street Address | | |
| 375 Metacom | Avenue | | | | |
| atv | State | Zip | City | State | Z(p) |
| Bristol Secretary Nume | RI | 02809 | Treasurer Name | | |
| Dominick Zar | ngari, Jr., M.D | • | Dominick Zan | gari, Jr., M.D. | |
| as above | | | as above | | |
| lity . | State | Zip | City | State | Zip |
| 9. NAMES AND ADD | RESSES OF THE DIR | ECTORS ("X" BOX FOR ATT) | ACHMENT) FILL IN SPA Director Name | CES BEFORE USING ATTA | ACHMENTS |
| None treet Address | | | Street Address | | |
| uy | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| treet Address | | | Street Address | | |
| Cate | State | Zıp | City | State | Zip |
| O. SHARES AUTHOR UTHORIZED SHARES | IZED ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED | (*X* BOX FOR ATTACHMENT | 7) |
| tumber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 COMM \$1.00 PA | | | The state of white | 1,000 107 111 111 | * 47 * 14,105 |
| -, | THEY'S | | 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 Na | <u> </u> |
| Bv: | STATE USE ONLY |

| Under penalty of perjury, I declare and affirm the | hat I have examined |
|--|--------------------------|
| This report, including any accompanying schedu | ales and statements, and |
| that all statements contained herein are true an | 2/8/02 |
| Signature of Officer | Date |
| Dominick Zangari, Jr., M.D. | |
| Frint or Type Name of Officer | |
| President | |



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

2 Name of Corporation

| | 0 | a | 7 |
|--|---|---|---|

4. Rusiness Phone No.

3. Street Address Principal Business Office

Dominick Zangari, Jr., MD, Inc.

Bristol

State

Zip

375 Metacom Avenue

5 State of Incorporation

RΙ

02809 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

Dominick Zangari, Jr., M.D.

Street Address

375 Metacom Avenue

Bristol Secretary Name

Dominick Zangari, Jrl, M.D.

Street Address

as above

City

State

RΙ

02809

N/A

Street Address

Dominick Zangari, Jr., M.D.

Street Address

as above

Vice President Name

City

State

State

Zip

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

Zip

Street Address

Director Name

Street Address

Director Name

Zip

Director Name

Street Address

City

State

ZID

City

City

11. SHARES ISSUED (*x" BOX FOR ATTACHMENT)

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Par Value

ISSUED SHARES

Number of Shares

Class/Series

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



FOR SECRETA

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

t all statements comained herein are true and correct

<u>Dominick Zangar</u>i, Jr., M.D.

Print or Type Name of Officer

President 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

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

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|-----|-----|------|-----|-------|----|------|
|-----|-----|------|-----|-------|----|------|

1. Corporate II) No.

2. Name of Corporation

80781

Dominick Zangari, Jr., MD, Inc.

3. Street Address Principal Business Office Zip State 375 Metacom Avenue Bristol RI 4. Business Phone No. 5 State of Incorporation

RHODE ISLAND

02809 6. SIC Code 9217

401-253-3900 7. Brief Description of the Character of Business Conducted in Rhode Island

| Professional | ophthalmological | practice |
|--------------|------------------|----------|
|--------------|------------------|----------|

RI

State

State

State

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

Dominick Zangari, Jr., M.D. Street Address

N/A

City

Street Address

State Zip

375 Metacom Avenue

02809

ZIp

Bristol Secretary Name

Treasurer Name

Dominick Zangari, Jr., M.D.

Dominick Zangari, Jr., M.D.

Street Address

Street Address

as above

as above

City

City

Zip State

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

Director Name

None -- close corporation

Street Address

Street Address

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares

Class/Series

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



FEB U1 2000

FOR SECRETARY OF STATE USE ONLY

CEZUS

Underspenalty 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., M.D. Print or Type Name of Officer

President



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

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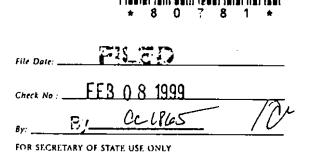
1. Corporate ID No.

2. Name of Corporation

| 80781 | Do:ninick 2 | Zangari, Jr., MD, in | c. | | |
|---|-----------------------|------------------------|-------------------------|---|-------------|
| 3. Street Address Principal Business C | Office | | City | State | ZIP |
| 375 Metacom Aven | ue | | Bristol | RI | 02809 |
| 4. Business Phone No. | | 5. State of Incorporat | lon | | 6. SIC Code |
| 401-253-3900 | | RHODE ISL | AND | | 9217 |
| 7. Brief Description of the Character of | of Business Conducted | in Rhode Island | | | |
| Professional oph | thalmologic. | al practice | | | |
| B. NAMES AND ADDRESS | ES OF THE OFF | ICERS ("X" BOX FOR AT | TACHMENT) FILL IN SPACE | S BEFORE USING ATTAC | CHMENTS |
| President Name | | | Vice President Name | | |
| Dominick Zangari | , Jr., M.D. | | n/a | | |
| Street Address | | | Street Address | | |
| 375 Metacom Aven | ue | | | | |
| Olly | State | Zip | City | State | Zip |
| Bristol | RI | 02809 | | | |
| Secretary Name | | | Treasurer Name | • | • •• •• |
| Dominick Zangari | , Jr., M.D. | | Dominick Zang | gari, Jr., M.D. | |
| Street Address | | | Street Address | | |
| as above | | | as above | | |
| City | State | Zip | City | State | Zip |
| P. NAMES AND ADDRESS Director Name None close co Street Address | | ECTORS (*x* box for | ATTACHMENT) FILL IN SPA | CES BEFORE USING ATT | ACHMENTS |
| | | | | | |
| Dity | State | Zip | City | State | Zip = |
| Director Name | | | | · · · · · · · · · · · · · · · · · · · | • |
| Meetor Nume | | , | Director Name | | |
| treet Address | | | Street Address | | |
| Stry | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED AUTHORIZED SHARIS | (*X* BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMENT | r) · |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | 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

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. Dominick Zangari, Jr., M.D. Print or Type Name of Officer

Common

\$1.00

Title of Officer

President

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

1998

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

STOP PLEASE READ INSTRUCTIONS

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|-----------------------------------|---------------------------------|------------------------|---------------------|---------------------------|----------------------------|
| I Curporate ID No. 80781 | 2 Name of Carpate Dominick 2 | angari, Jr., MD, Ir | ic. | | |
| 3. Street Address Principal Busi | | | City | State | Zip |
| 375 Metacom Av | venue | | Bristol | RT | 02809 |
| 4 Business Phone No | | [°] RHODE ISI | | | 6. SIC Code 9217 |
| 253-3900 | | KUODE 191 | LANU | | 9217 |
| 7. Brief Description of the Char- | acter of Business Conducted | in Rhode Island | | | |
| Professional o | ophthalmologica | al practice | | | |
| 8. NAMES AND ADDR | RESSES OF THE OFF | ICERS ("X" BOX FOR A | TTACHMENT) | | |
| President Name | | | Vice President Name | | |
| Dominick Zanga | ari, Jr., M.D. | | n/a | | |
| Street Address | | | Street Address | | |
| 375 Metacom Av | /enue | | | | |
| City To Table 1 | State | Zip | City | State | Zip |
| Bristol | RT | 02809 | | | |
| Secretary Name | | | Treusurer Name | | |
| Dominick Zanga | arı, Jr., M.D. | | Dominick Zanga | ari, Jr., M.D. | |
| Street Address as above | | | Street Address | | |
| City | ea.e. | 4 | as above | | |
| CIQ | State | Zip | City | State | Zip |
| 9. NAMES AND ADDR | ESSES OF THE DIR | ECTORS ("X" BOX FOR | | | |
| None Close | aarnaration | | Director Name | | |
| Street Address | corporation | | es | | |
| 200000 214111 (22 | | | Street Address | | |
| Cay | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | • |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORI | ZED ("X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED | · ("X" BOX FOR ATTACHMEN" | r) |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Por Value |
| 8,000 SHS COMM | \$1.00 PAR | | 100 | _ | _ |
| | | | 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 |
|------------|---------------|---|
| File Date: | FILED | that all statements contained herein are true and correct. — 86. He 04.7. Statements, Torchow I. May (Me.) 1/24/98 |
| Check No.: | JAN 2 8 1998 | Stenature of Officer Page |
| By: | Y CC. LG LB V | AND SHE INVESTIGATION Dominick Zangari, Jr., M.D. 31718 30 20713003\$mcor Type Name of Officer — UBANS Tresident |



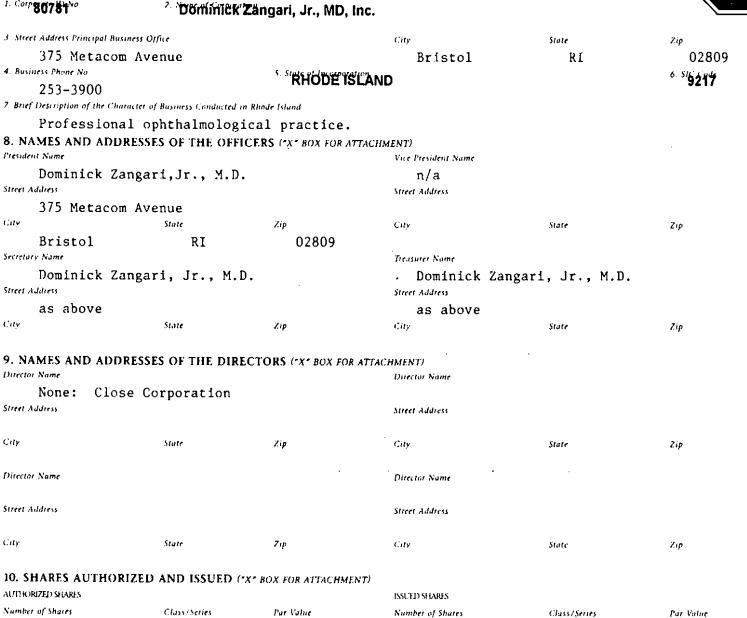
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

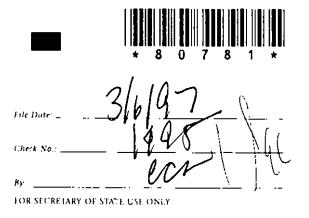
(FORM MUST BE TYPED IN BLACK)

1. Corp 80784No



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

100



8,000 SHS COMM \$1.00 PAR

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

Dominick Zangari

Print or Type Name of Officer

President

Title of Officer



\$1.00

PROFIT CORPORATION ANNUAL REPORT

Filing Period: January 1-March 1

Filing Fee: \$50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

| CORPORATE IO NO. | 2. HAME OF CORPORATION | | | | |
|--|------------------------------------|---------------------------|--------------------------------------|-------------------------------|---------------------|
| 80781 3 STREET ADDRESS PRINCIPAL BUSINESS (| Dominick Za | angari, Jr., MD, | Inc. | STATE | 7P COOF. |
| 375 Metacom Av | venue | 5. STATE OF INCORPORATION | Bristol | RI | 02809 6.500.000£ |
| 401-253-3900 Brites description of the character of | OF BUSINESS COMPUCTED IN PHODE ISL | Rhode Is | land | | 9217 |
| Professional o | opthalmological | practice | | | |
| RESIDENT NAME | 8. NAM | ES AND ADDRE | SSES OF THE OFFI VICE PRESIDENT NAME | ICERS | • |
| Dominick Zanga | ari, Jr., MD | | N/A street adoress | | |
| as above | STATE | ZIP COOE - | an | STATE | 2P C00€ |
| ECRETARY NAME | | - | TREASURER NAME | • | |
| Dominick Zanga | ari, Jr., MD | | Dominick Zangar | ri, Jr., MD | |
| as above | STATE | 2P CODE | as above | STATE | 7P C00£ |
| DIRECTOR NAME | 9. NAM | ES AND ADDRE | SSES OF THE DIRI | ECTORS | |
| NONE - Close (| Corporation | · • • | * STREET ADDRESS = = = | | . . |
| YIC | STATE | ZIP C00E | any ~ | STATE - | ZIP CODE |
| PRECTOR NAME | · - | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| ALIC | STATE | UP COOE . | all | STATE | ZIP CODE |
| | | ARES AUTHORI | ZED AND ISSUED | | |
| NUMBER OF SHARES | AUTHORIZED SHARES DJASS / SERES | PAR VALUE | NUMBER OF SHARES | ISSUED SHARES CLASS/SERIES | PAR VALUE |
| 8,000 | Common | \$1.00 | 100 | Common | \$1.00 |
| | | | | | |
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| | | | | | |

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

· 4/1/96 File Date: Check No:

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

Tunder penalty of perjury, I declare and affirm that the examined this report, including any accompanying schedule and statements, and that

President

Signature of Officer

Title of Officer

For Secretary of State Use Only

8y:

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

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| Corporate ID: 80781 | | | Ann | ual Report for the year: | 1995 |
|---|-----------------------------------|--|------------------------------------|-----------------------------------|------------------------------|
| Name of Corporation: Dominick Zangari, Jr., MD, Inc. Business entity organized under the laws of the State of: Rhode Island For foreign entity, address and telephone number of principal office: | | Business Entity is (check one) [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) | | | |
| | ipal office of business entity in | Rhode | Brief statement of apthalmologists | | s conducted in Rhode Island |
| Phone: (401) 253-4300 | | | | | |
| | THE N | AMES OF THE OFFI | CERS 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 N | AMES OF THE DIRE | CTORS 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 AUTHOR | IZED (Rider may be attached) | | NUMBER OF SHARE | S ISSUED AND OUTSTA | ANDING (Rider may be attache |
| Number of Shares | Class / Series | | Number of Shares | c | NAR 0 2 1995 |
| 8,000 | Common | | 100 | eo Co | 10H50 |
| Date February 2 | 2, 1995 | | By: | ul Try | - I NO Pus |
| | | | <u>Dominick Za</u> PRINT OR TYI | ngari, Jr PE NAME OF OFFICER S | SIGNING |
| | | | President TITLE OF OFF | ICER SIGNING | |
| | | | | | |