



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 OR PRINTED IN BLACK)

1. Corporate ID No. 31881		2. Name of Corporation PROVIDENCE CARDIOLOGY, INC.			
3. Street Address, Principal Business Office 100 Highland Ave		City Providence	State RI	Zip 02906	
4. Business Phone No. 401 521-0700		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF MEDICINE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jack H. Klie			Vice President Name Jack H. Klie		
Street Address 100 Highland Ave			Street Address 100 Highland Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Jack H. Klie			Treasurer Name Jack H. Klie		
Street Address 100 Highland Ave			Street Address 100 Highland Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jack H. Klie			Director Name		
Street Address 100 Highland Ave			Street Address		
City Providence	State RI	Zip 02906	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
1,000 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	1/7/05
Check No	3779
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

Jack H. Klie

Print or Type Name of Officer

Pres

Date

1/5/05



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 OR PRINTED IN BLACK)

1. Corporate ID No 31881		2. Name of Corporation PROVIDENCE CARDIOLOGY, INC.		
3. Street Address Principal Business Office 100 Highland Ave		City Providence	State RI	Zip 02906
4. Business Phone No 521-0700		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island PRACTICE OF MEDICINE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jack H. Klie		Vice President Name Jack H. Klie		
Street Address 100 Highland Ave		Street Address 100 Highland Ave		
City Providence	State RI	Zip 02906	City Providence	State RI
Secretary Name Jack H. Klie		Treasurer Name Jack H. Klie		
Street Address 100 Highland Ave		Street Address 100 Highland Ave		
City Providence	State RI	Zip 02906	City Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jack H. Klie		Director Name		
Street Address 100 Highland Ave		Street Address		
City Providence	State RI	Zip 02906	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
1,000 COMM \$1.00 PAR VALUE			100	Common

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



* 3 1 8 8 1 *

File Date 12-31-03
Check No. 3424
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] 12/29/03
Signature of Officer Date

Jack H. Klie
Print or Type Name of Officer

Pres
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
401-222-3040



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.

31881

2 Name of Corporation

PROVIDENCE CARDIOLOGY, INC.

3. Street Address Principal Business Office

100 Highland Ave

4 Business Phone No

521-0700

5 State of Incorporation

RHODE ISLAND

City

Providence RI

State

Zip

02906

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

Jack H. Klie

Street Address

100 Highland Ave

City

Providence RI 02906

Secretary Name

Jack H. Klie

Street Address

100 Highland Ave

City

Providence RI 02906

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Jack H. Klie

Street Address

100 Highland Ave

City

Providence RI 02906

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

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



* 3 1 8 8 1 *

File Date: 1-13-03

Check No: 3068

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] 1/9/03

Jack H. Klie

Pres.



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. **31881**
2. Name of Corporation **PROVIDENCE CARDIOLOGY, INC.**
3. Street Address Principal Business Office
100 Highland Ave
4. Business Phone No. **521-0700**
5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02906**
6. SIC Code **9217**

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

Practice of medicine

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Jack H. Klie**
Street Address **100 Highland Ave**
City **Providence** State **RI** Zip **02906**

Vice President Name **Jack H. Klie**
Street Address **100 Highland Ave**
City **Providence** State **RI** Zip **02906**

Secretary Name **Jack H. Klie**
Street Address **100 Highland Ave**
City **Providence** State **RI** Zip **02906**

Treasurer Name **Jack H. Klie**
Street Address **100 Highland Ave**
City **Providence** State **RI** Zip **02906**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Jack H. Klie**
Street Address **100 Highland Ave**
City **Providence** State **RI** Zip **02906**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

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



* 3 1 8 8 1 *

File Date **1-2-02**

Check No. **2470**

By **ec**

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 **Jack H. Klie** Date **12/31/01**
Print or Type Name of Officer **Pres**
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 # **31881** 2. **PROVIDENCE CARDIOLOGY, INC.**

3. Street Address, Principal Business Office

100 Highland Ave

Providence

State **RI**

Zip **02906**

4. Business Phone No

521-0700

5. State of Incorporation **RHODE ISLAND**

6. **9217**

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

Practice of Medicine

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jack H. Klie

Street Address

100 Highland Ave

City

Providence

State

RI

Zip

02906

Secretary Name

Robert D. Meringolo

Street Address

100 Highland Ave

City

Providence

State

RI

Zip

02906

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Jack H. Klie

Street Address

100 Highland Ave

City

Providence

State

RI

Zip

02906

Director Name

Robert D. Meringolo

Street Address

100 Highland Ave

City

Providence

State

RI

Zip

02906

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COM \$1.00 PAR V

Number of Shares

Class/Series

Par Value

000

Common

1.00

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



* 3 1 8 8 1 *

File Date: 1/4

Check No. 2179

By 20

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

Print or Type Name of Officer

Title of Officer

Jack H. Klie

Pres

Date

1/2/01



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. **31881** 2. Name of Corporation **PROVIDENCE CARDIOLOGY, INC.**

3. Street Address Principal Business Office **100 Highland Ave** City **Providence** State **RI** Zip **02906**

4. Business Phone No. **521-0700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name Jack H. Klie Street Address 100 Highland Ave City Providence State RI Zip 02906	Vice President Name Robert D. Merinzolo Street Address 100 Highland Ave City Providence State RI Zip 02906
Secretary Name Robert D. Merinzolo Street Address 100 Highland Ave City Providence State RI Zip 02906	Treasurer Name Jack H. Klie Street Address 100 Highland Ave City Providence State RI Zip 02906

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

Director Name Jack H. Klie Street Address 100 Highland Ave City Providence State RI Zip 02906	Director Name Street Address City State Zip
Director Name Robert D. Merinzolo Street Address 100 Highland Ave City Providence State RI Zip 02906	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
1,000 SHS COM \$1.00 PAR V		

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

Number of Shares	Class/Series	Par Value
200	Common	1.00

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



* 3 1 8 8 1 *

File Date: **12-31-99**

Check No.: **1183**

By: **AMF**

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 **Jack H. Klie** Date **12/30/99**

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. **31881** 2. Name of Corporation **PROVIDENCE CARDIOLOGY, INC.**

3. Street Address Principal Business Office **100 Highland Ave** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **521-0700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name Jack H. Klie	Vice President Name Robert D. Meringolo
Street Address 100 Highland Ave	Street Address 100 Highland Ave
City Providence State RI Zip 02906	City Providence State RI Zip 02906
Secretary Name Robert D. Meringolo	Treasurer Name Jack H. Klie
Street Address 100 Highland Ave	Street Address 100 Highland Ave
City Providence State RI Zip 02906	City Providence State RI Zip 02906

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

Director Name Jack H. Klie	Director Name
Street Address 100 Highland Ave	Street Address
City Providence State RI Zip 02906	City State Zip
Director Name Robert D. Meringolo	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
------------------	--------------	-----------

1,000 SHS COM \$1.00 PAR V

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

200

Common

1.00

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



* 3 1 8 8 1 *

File Date: **Jan 26, 1999**

Check No.: **9573**

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.

Jack H. Klie 12/30/98
Signature of Officer Date

Jack H. Klie
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. 31881		2. Name of Corporation PROVIDENCE CARDIOLOGY, INC.	
3. Street Address Principal Business Office 100 Highland Ave		City Providence	State RI
4. Business Phone No. 521-0700		5. State of Incorporation RHODE ISLAND	Zip 02906
6. SIC Code 9217			
7. Brief Description of the Character of Business Conducted in Rhode Island practice of medicine			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)			
President Name Jack H. Klie		Vice President Name Robert D. Meringolo	
Street Address 100 Highland Ave		Street Address 100 Highland Ave	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Robert D. Meringolo		Treasurer Name Jack H. Klie	
Street Address 100 Highland Ave		Street Address 100 Highland Ave	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)			
Director Name Jack H. Klie		Director Name	
Street Address 100 Highland Ave		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
Director Name Robert D. Meringolo		Director Name	
Street Address 100 Highland Ave		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 SHS COM \$1.00 PAR V			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
200	Common	1.00	

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



* 3 1 8 8 1 *

File Date: **1.2.98**
Check No.: **9037**
By: **10P**

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: **Jack H. Klie** Date: **12/17/97**

Print or Type Name of Officer: **Jack H. Klie**

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

31881

PROVIDENCE CARDIOLOGY, INC.

3. Street Address Principal Business Office

100 Highland Ave

City Providence

State RI

Zip 02906

4. Business Phone No.

521-0700

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)

President Name

Jack H. Klie

Vice President Name

Robert Meringolo

Street Address

100 Highland Ave

Street Address

100 Highland Ave

City Providence

State RI

Zip 02906

City Providence

State RI

Zip 02906

Secretary Name

Robert Meringolo

Treasurer Name

Jack H. Klie

Street Address

100 Highland Ave

Street Address

100 Highland Ave

City Providence

State RI

Zip 02906

City Providence

State RI

Zip 02906

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

Director Name

Jack H. Klie

Director Name

Street Address

100 Highland Ave

Street Address

City Providence

State RI

Zip

City

State

Zip

Director Name

Robert Meringolo

Director Name

Street Address

100 Highland Ave

Street Address

City Providence

State RI

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COM \$1.00 PAR V

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

1.00

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



* 3 1 8 8 1 *

File Date: 1/2/97

8729

Check No.:

By: Klie

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: Jack H. Klie Date: 12/30/96

Print or Type Name of Officer: Jack H. Klie

Title of Officer: President

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. 31881
2. NAME OF CORPORATION PROVIDENCE CARDIOLOGY, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 100 Highland Ave Providence R.I. 02906
4. BUSINESS PHONE NO. 401 521-0700
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 9217
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND practice of medicine and cardiology

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME Jack H. Klie
STREET ADDRESS 41 Tallwood Dr.
CITY Seekonk STATE Mass. ZIP CODE 02771
VICE PRESIDENT NAME Robert Meringolo
STREET ADDRESS 11 Stone Bridge Dr.
CITY Cumberland STATE R.I. ZIP CODE 02864
SECRETARY NAME Robert Meringolo
STREET ADDRESS 11 Stone Bridge Dr.
CITY Cumberland STATE RI ZIP CODE 02864
TREASURER NAME Jack H. Klie
STREET ADDRESS 41 Tallwood Dr.
CITY Seekonk STATE Mass. ZIP CODE 02771

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE
DIRECTOR NAME
STREET ADDRESS
CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED
AUTHORIZED SHARES
NUMBER OF SHARES CLASS / SERIES PAR VALUE
1,000 SHS COM \$1.00 PAR V
ISSUED SHARES
NUMBER OF SHARES CLASS / SERIES PAR VALUE
200 Common 1.00

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.

File Date: 1/24/96
Check No: 8430
By: cc/4p
For Secretary of State Use Only

Signature of Officer Jack H. Klie
Print or Type Name of Officer Pres
Title of Officer
Date 12/19/95



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

Corporate ID: 0031881 Annual Report for the year: 1995
Name of Corporation: Providence Cardiology, Inc.
Business entity organized under the laws of the State of: RI Business Entity is (check one):
For foreign entity, address and telephone number of principal office: ☐ Business Corporation (See RIGL Chapter 7-1.1)
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)
Brief statement of the character of business conducted in Rhode Island:
practice of medicine & cardiology
Phone: (401) 521-0700
Address and telephone of the principal office of business entity in Rhode Island (Provide street address, Not P.O. Box):
100 Highland Ave
Providence RI
02906
Phone: (401) 521-0700

THE NAMES OF THE OFFICERS ARE:			
PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Jack H. Klie</u>	<u>100 Highland Ave</u>	<u>Providence RI</u>	<u>02906</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Robert D. Meringolo</u>	<u>Same</u>		
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Robert D. Meringolo</u>	<u>Same</u>		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Jack H. Klie</u>	<u>Same</u>		

THE NAMES OF THE DIRECTORS ARE:			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Jack H. Klie</u>	<u>Same</u>		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Robert D. Meringolo</u>			
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	Number of Shares	Class / Series
<u>1000</u>	<u>Common</u>	<u>200</u>	<u>Common</u>

File date: 9/11, 1995 By: Jack H. Klie
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING: Pres

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

FILED
SEP 13 1995
By CC 8357

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
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

CK# 8103 SP

File Annually
LLC Sep 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0031881 Annual Report for the year: 1994

Name of Business Entity: Providence Cardiology, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: (401) 521-0700

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

100 Highland Ave
Providence RI
02906

Phone: (401) 521-0700

Business Entity is (check one)

- ☐ Business Corporation (See RIGL Chapter 7-1.1)
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Jack H. Klie MD
100 Highland Ave
Providence, RI

Brief statement of the character of business conducted in Rhode Island:

practice of medicine / cardiol-
ogy

Date of Organization 7/31/1978

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT	<u>Jack H. Klie</u>	<u>100 Highland Ave</u>	<u>Providence</u>	<u>02906</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT	<u>Robert D. Meringolo</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input type="checkbox"/> SECRETARY	<u>Robert D. Meringolo</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER	<u>Jack H. Klie</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Jack H. Klie</u>	<u>100 Highland Ave</u>	<u>Providence</u>	<u>02906</u>
<u>Robert D. Meringolo</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR 1.00

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR 1.00

Date 12/8 19 94

By Jack H. Klie

PRINTED NAME OF OFFICER SIGNING Jack H. Klie

TITLE OF OFFICER SIGNING Pres

Form 91 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

FILED

DEC 12 1994

RI SP

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

6977 7/13
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0031881 Annual Report for the year 1993

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Practice of Medicine and
Cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Ave
Providence

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Jack H. Klie Director

100 Highland Ave Prov. 02906

Robert Meringolo Director

Director

Jack H. Klie President

"

Robert Meringolo Vice President

Robert Meringolo Secretary

Jack H. Klie Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

PAID

1.00

JAN 27 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

200

Common

1.00

Dated 1/25 1993

Providence Cardiology, Inc.
(Name of Corporation)

By Jack H. Klie

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

R 19 1992

Corporate ID 0091881 Annual Report for the year 1992

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is Practice of Medicine
and Cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Ave.
Providence

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Jack H. Klie Director

100 Highland Ave, Providence

Robert Meringolo Director

"

Director

Jack H. Klie President

100 Highland Ave, Providence

Robert Meringolo Vice President

"

Robert Meringolo Secretary

"

Jack H. Klie Treasurer

"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series PAID

Par Value
or statement that
shares are without
par value

1000

Common

JAN 24 1992

1.00

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

200

Common

1.00

Dated 1/21 1992

Providence Cardiology, Inc.
(Name of Corporation)

By

Jack H. Klie

Title

President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0031881

Annual Report for the year 1991

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Practice of medicine
& cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Ave
Providence

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Jack H. Klie Director

100 Highland Ave., Prov., RI 02906

Robert Meringolo Director

Director

Jack H. Klie President

100 Highland Ave., Prov., RI 02906

Robert Meringolo Vice President

Robert Meringolo Secretary

Jack H. Klie Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

\$1.00

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

200

Common

\$1.00

Dated 1-4 1991

(Report must be signed by an officer)

(Name of Corporation)

By

Title

Providence Cardiology

Jack H. Klie

President

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0031891

Annual Report for the year 1990 A7

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of internal medicine and cardiology.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 100 Highland Avenue, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jack H. Klie, MD	Director	100 Highland Avenue, Prov., RI 02906
Robert Meringolo, MD	Director	100 Highland Avenue, Prov., RI 02906
	Director	
Jack H. Klie, MD	President	100 Highland Avenue, Prov., RI 02906
Robert Meringolo, MD	Vice President	100 Highland Avenue, Prov., RI 02906
Robert Meringolo, MD	Secretary	100 Highland Avenue, Prov., RI 02906
Jack H. Klie, MD	Treasurer	100 Highland Avenue, Prov., RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00

PAID
FEB 27 1991
SECY. OF STATE

Dated February 19 90

Providence Cardiology, Inc.

(Name of Corporation)

By Jack H. Klie

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0031881

Annual Report for the year 1989

FIRST: The name of the corporation is Providence Cardiology, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of internal medicine and cardiology.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 100 Highland Avenue, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jack H. Klie, MD	Director	100 Highland Avenue, Prov., RI 02906
Robert Meringolo, MD	Director	100 Highland Avenue, Prov., RI 02906
	Director	
Jack H. Klie, MD	President	100 Highland Avenue, Prov., RI 02906
Robert Meringolo, MD	Vice President	100 Highland Avenue, Prov., RI 02906
Robert Meringolo, MD	Secretary	100 Highland Avenue, Prov., RI 02906
Jack H. Klie, MD	Treasurer	100 Highland Avenue, Prov., RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00

PAID
FEB 21 1990
SECY OF STATE

Dated February 19 90

Providence Cardiology, Inc.
(Name of Corporation)

By

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0031881 Annual Report for the year 1988 *1988 Jde*

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Practice of internal medicine
and cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Avenue
Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jack H. Klie, MD	Director	100 Highland Avenue, Providence, RI 02906
Robert Meringolo, MD	Director	100 Highland Avenue, Providence, RI 02906
	Director	
Jack H. Klie, MD	President	100 Highland Avenue, Providence, RI 02906
Robert Meringolo, MD	Vice President	100 Highland Avenue, Providence, RI 02906
Robert Meringolo, MD	Secretary	100 Highland Avenue, Providence, RI 02906
Jack H. Klie, MD	Treasurer	100 Highland Avenue, Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00

PAID
JAN 10 1989
SECY OF STATE

Dated 1-30 19 89

(Name of Corporation)

By Jack H. Klie

Title Pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 31881 Annual Report for the year 1987

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of internal medicine &
cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Avenue
Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jack H. Klie, M.D.	Director	100 Highland Avenue, Providence, RI
Robert Meringolo, M.D.	Director	" "
	Director	
Jack H. Klie	President	100 Highland Avenue, Providence, RI
Robert Meringolo	Vice President	" "
Robert Meringolo	Secretary	" "
Jack H. Klie	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00

Dated January 22, 1987

PROVIDENCE CARDIOLOGY, INC.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 31881 Annual Report for the year 1986FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is practice of internal medicine
+ cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 100 Highland Ave
Providence, R.I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Jack H. Klie, M. D.	Director	100 Highland Avenue, Providence, R. I.
Robert Meringolo, M.D.	Director	" " " " "
	Director	
Jack H. Klie	President	100 Highland Avenue, Providence, R. I.
Robert Meringolo	Vice President	" " " " "
Robert Meringolo	Secretary	" " " " "
Jack H. Klie	Treasurer	" " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00

Dated 1-14 1986

(Report must be signed by an officer)

01/20/86 PAID
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FEB 22 1986

Providence Cardiology, Inc.
(Name of Corporation)

By Jack H. Klie
Title President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 31881

Annual Report for the year 1985

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is medicine and cardiology

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 100 Highland Ave

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Jack H. Klie, M.D.

Director

100 Highland Avenue, Providence, RI

Robert Meringolo, M.D.

Director

" " " "

Director

Jack H. Klie

President

100 Highland Ave

Robert Meringolo

Vice President

"

Robert Meringolo

Secretary

"

Jack H. Klie

Treasurer

"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

\$1.00

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

200

Common

\$1.00

Dated 2-14 1985

RECEIVED MAR 1985

(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is PROVIDENCE CARDIOLOGY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is
practice of medicine and cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) 100 Highland Avenue, Providence

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Jack H. Klie	President	100 Highland Avenue
Robert Meringolo	Vice President	100 Highland Avenue
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00

Dated: JAN 18 19 84 PROVIDENCE CARDIOLOGY, INC.

(Name of Corporation)

By: Jack H. Klie
Jack H. Klie
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is

Providence Cardiology, Inc.

SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is practice of
Medicine & Cardiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 100 Highland Ave. Providence

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name

Office

Address

Director

Director

Director

Jack H. Klie

President

100 Highland Ave

Robert Meringolo

Vice President

100 Highland Ave

Secretary

Treasurer

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

\$1.00

FEB 23 1983

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

\$1.00

2
16
83

Dated:

2-14

1983

Providence Cardiology, Inc.

(Name of Corporation)

By:

Jack H. Klie

Title

President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information, 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is *Providence Cardiology, Inc.*

SECOND: It is incorporated under the laws of *Rhode Island*

THIRD: Character of business, briefly stated, is *provision
of medical care*

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) *100 Highland Ave Providence RI*

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Jack H. Klie	Director	Summit Medical Bldg. Suite 203, 100 Highland Avenue, Providence, RI
Robert Meringolo	Director	" " "
	Director	" " "
<i>Jack H. Klie</i>	President	" " "
<i>Robert Meringolo</i>	Vice President	" " "
Robert Meringolo	Secretary	" " "
Jack H. Klie	Treasurer	" " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		\$1.00 par value

Dated: *1-7-*

19 *82*

PROVIDENCE CARDIOLOGY, INC.

(Name of Corporation)

By

Title

(Report must be signed by an officer)

JAN 14 1982

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT 1981

OF

PROVIDENCE CARDIOLOGY, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is *Providence Cardiology*
INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is Summit Medical Bldg.,
Suite 203, 100 Highland Avenue, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is

Jack H. Klie, M.D.

FOURTH: If a foreign corporation, the address of its principal office in the state
or country under the laws of which it is incorporated is
N/A

FIFTH: The character of the business in which it is actually engaged in Rhode
Island, briefly stated, is practice of medicine

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Jack H. Klie, M.D.	Director	Summit Medical Bldg., Suite 203
	Director	100 Highland Avenue, Providence, RI
Robert Meringolo, M.D.	Director	
	Director	
	Director	
	Director	
Jack H. Klie, M.D.	President	"
Robert Meringolo, M.D.	Vice President	"
Robert Meringolo, M.D.	Secretary	"
Jack H. Klie, M.D.	Treasurer	"

SEVENTH: The aggregate number of shares which it has authority to issue, itemized
by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1000	common	--	\$1.00

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MAR 10 1981

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

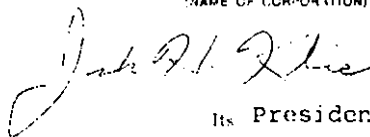
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	common	--	\$1.00

Dated February 13, 19 81

PROVIDENCE CARDIOLOGY, INC.

(NAME OF CORPORATION)

By



Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

**ANNUAL REPORT
OF**

PROVIDENCE CARDIOLOGY, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Providence Cardiology, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is Summit Med. Bldg, Suite 203
100 Highland Avenue, Providence, R.I.
and the name of its registered agent in Rhode Island at such address is
JACK H. KLIE, M.D.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is practice of medicine

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Jack H. Klie, MD	Director	Summit Med. Bldg., Suite 203, 100 Highland Av, Prov R
Robert Meringolo MD	Director	"
	Director	"
	Director	"
	Director	"
	Director	"
<u>Jack H. Klie</u>	President	"
<u>Robert Meringolo</u>	Vice President	"
Robert Meringolo MD	Secretary	"
Jack H. Klie MD	Treasurer	"

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
<u>1000</u>	<u>Common</u>	<u>—</u>	<u>\$1.00</u>

66699
APR 25 1981
ET

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	-	\$ /, 00

Dated JAN. 7 , 1980 PROVIDENCE CARDIOLOGY, INC.

(NAME OF CORPORATION)

By

Its PRES.

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

**ANNUAL REPORT
OF**

PROVIDENCE CARDIOLOGY, INC.

Pursuant to the provisions of Section 7.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Providence Cardiology
Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 194 Waterman
Street, Providence, Rhode Island 02906
and the name of its registered agent in Rhode Island at such address is Jack H. Klie,
M.D.

FOURTH: If a foreign corporation, the address of its principal office in the state or
country under the laws of which it is incorporated is n/a

FIFTH: The character of the business in which it is actually engaged in Rhode
Island, briefly stated, is to render professional services by persons
authorized to practice medicine in the State of Rhode Island.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Jack H. Klie, M.D.	Director	194 Waterman Street, Providence, RI
	Director	
	Director	
	Director	
	Director	
	Director	
Jack H. Klie, M.D.	President	194 Waterman Street, Providence, RI
Robert D. Meringolo	Vice President	194 Waterman Street, Providence, RI
Robert D. Meringolo	Secretary	194 Waterman Street, Providence, RI
Jack H. Klie, M.D.	Treasurer	194 Waterman Street, Providence, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized
by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1,000	Common	3 21 79	\$1.00

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	--	\$1.00

Dated February 26 , 1979 .

PROVIDENCE CARDIOLOGY, INC.
(NAME OF CORPORATION)

By Jack H. Klie

Its President