

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

Gorporations Division 100 North Main Street Providence, RI 92903-1335 401-222-3040

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

•	2005
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005

Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Confernate ID No. 2 Name of Confraration 31881 PROVIDENCE CARDIOLOGY, INC. 3. Street Addr. & Papie gall Business Off Providence State of Incorporation 9217 **RHODE ISLAND** FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 102906 [7] FILL IN SPACES BEFORE USING ATTACHMENTS OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Street Address State Director Name Street Address Street Address State Zψ C :: Matte $Z\phi$ City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHAKES ISSUED SHARES Par Value Number of Shares Number of Soares Par Value Gass/Series 1.00 COMMON 100 1,000 COMM \$1.00 PAR VALUE 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/helein are true and



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

Corporate ID No	2. Name of Corporal	lon			
31881		E CARDIOLOGY, INC.			
OU HIGHLAN	/ A -		Providence	State EI	02906
Hustness Phone No	フック	5. State of Incorporation			6. SIC Code
	haracter of Business Conducted	RHODE ISLAN	D	· · · · · · · · · · · · · · · · · · ·	9217
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Prov. denc	e State PT	24p 02966	Providence	State 12-	Zip 02 906
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reet Address	Highland	Ave	Street Address		·
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1,000 COMM \$1.00 PAR VALUE		100	Common	1.00	

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 Signature of Officer Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

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

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



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31881	•	E CARDIOLOGY, INC.			
3. Street Address Principal Bus 100 - 194 a	iness Office	_ 0/110101001, IIIO.	car Providen	TCE State RI	02966
4 Business Phone No 56	21-0700 racter of Business Conducted in	5 State of Incorporation RHODE ISLAND Rhode Island			6. SIC Code 9217
	licul Prac				
8. NAMES AND ADD	RESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name Jack	H'. Klie			Tack H. K	
Street Address 100	Higheland	Ave	Street Address (OO)	Highland	AR
cuy Provider	vie RT	02906	"Hr rider	see state RI	- Zip 02.90 c
Secretary Name	ck H. K		Treasurer Name	Fack H. 1	Klie
Street Address	tightand 1	Ave	Street Address / / /	tightend A	re
Provider	ve state RT	2ip 02906	Car Povider	ive state RI	02966
9. NAMES AND ADD	RESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA		CES BEFORE USING ATI	ACHMENTS
	K H. KI	e	Director Name		
Street Address 100 F	lighland A	ie.	Street Address		
Providence.	State	02906	City	State	Zip
Duector Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATTA	ICHMENT)		(*X* BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PA	AR VALUE		100	Common	N 1.00

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

Title of Officer

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File Date:	1-13-03 3068
Check No :	
Bv FOR SECRETAL	RY 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!

Print in Type Name of Officer

Form 630 12/92

FORM MUST BE TYPED IN BLACK)

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

2 Name of Corporation 1. Corporate ID No. PROVIDENCE CARDIOLOGY, INC. 31881 3. Street Address Principal Business Office Providence 5. State of Incorporation 9217 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island medicine of 8. NAMES AND ADDRESSES OF THE OFFICERS ("x" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Zip City Director Name Strect Address Street Address City ZipState City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUFED SHARES AUTHORIZED SHARSS Par Value Number of Shares Class/Series Class/Series Par Value Number of Shares 00 1,000 COMM \$1.00 PAR VALUE 100 Cumman

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

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File Date.	1-2-02	that all statements cont
Check No	2470_	Sack Part of Officer
By:FOR SECRETARY C	DE STATE USE ONLY	Tile of Officer

Under penalty of perjury, I deciate and affirm that I have examined this upport, including any accompanying schedules and statements, and that all statements contained noting are true and correct.

Signifiant of Officer

Front in the Name of Officer

Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

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PROVIDENCE" CARDIOLOGY, INC.

3 Street Address Principal Business Office 100 Highland Ave	Providence	State	02906
4. Business Phone No SHOOLE STELLAN	D		· 9247
8 NAMES AND ADDRESSES OF THE OFFICERS (-X" BOX FOR ATTAC	THATENT) FILL IN SPACES	BEFORE USING ATTACHM	ENTS
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Secretary Name Merry Sold	Street Address		
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r or Trustee

his report must be signed in ink by either the President, V	lice President, Secretary, Assistant Secretary, Ireasurer, Receiver of Trustee
* 3 1 8 8 1 *	Under penalty of perjury, I declare and affirm that I have examined this typert, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are true and correct. Signature of Other
Check No	Print of Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

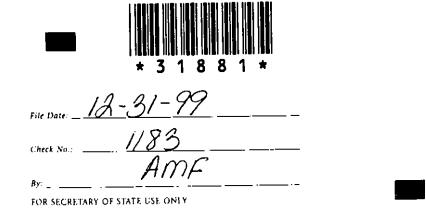


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

illing Period: January I-	-March I • FII	ing Fee: \$30.00			
FORM MUST BE TYPED IN BLACK)				
. Corporate ID No.	2. Name of Corporation	CARDIOLOGY, INC.			
31881		WEDIOFOGIA INC.		State	Zip _
. Street Address Principal Business Of	1 🔺		Providence	RI	02906
100 Highlan	a Ave	5. State of Incorporation	11001000		6. SIC Code
Business Phone No.		RHODE ISLAND			9217
Brief Description of the Chiprocter of	Business Conducted in Rh	ode Island 1			
Practice	- of	Medicine			
B. NAMES AND ADDRESSE	S OF THE OFFICE			FORE USING ATTACHM	ENTS
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Jack M	·KIL		recort y	1 10/11/07	10
Street Address / /	1 1 1		Street Address	1	
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Providence	1-5	02906	Treasurer Name	1/	0 100
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Street Address	[^	Street Address		
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Director Kapie	m	, ,	Director Name		
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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. 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 1999



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

RHODE ISLAND RILL IN SPACES BEFORE USING ATTACHMENTS RILL IN SPACES BEFORE USING ATTACHMENTS Director Name Solvert Address Clay State RHODE ISLAND R	I. Corporate ID No. 31881	2. Name of Corporation PROVIDENCE	E CARDIOLOGY, INC.			
8. NAMES AND ADDRESSES OF THE OFFICERS ('X' BOX FOR ATTACHMENT) President Name Silver Address OU MICHARIA AVE Silver Address Silver Address OU MICHARIA AVE Silver Address OU MICHARIA AVE Silver Address TO JOGO 9. NAMES AND ADDRESSES OF THE DIRECTORS ('X' BOX FOR ATTACHMENT) Director Name Tack M. Kile Silver Address OU MICHARIA AVE Silver Address OU MICHARIA Silver Address OU M	100 Highlas 4. Business Phone No. 521- 0	red Ave TUO acter of Business Conducted in Ri	RHODE ISLAND	Providence	State RT	6. SIC Code
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This report must be signed in ink by either the President Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tr						Described of To

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* 3 1 8 8 1 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
ile Dote: <u>\20</u> 26,99	that all statements contained herein are true and correct.
Check No.: 4575	Jack M. Mile Trini or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	THE OFFICE I DENT



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1 Corporate ID No. 2 Name of Corporation 31881 PROVIDENCE CARDIOLOGY, INC. 3 Street Address Principal Business Office Providence 100 Highland Ave 4. Business Phone No. 5. State of Incorporation 521-0700 **RHODE ISLAND** 9217 7 Brief Description of the Character of Business Conducted in Rhode Island practice of medicine 8. NAMÉS AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Vice President Name
Robert D. Meringold
Street Address Providence RI 02906 Street Address Highland Ave 100 Highland Ave Fordence PI 02966 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address Highland Ave City Zip Director Name D. Meringolo Street Address State Zip 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 Number of Shares Class/Series Par Value Commad 200

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

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FOR SECRETAR	RY OF STATE USE ONLY

1.000 SHS COM \$1.00 PAR V

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements conjumed herein are true and corre



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1835 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	PROVIDENC	E CARDIOLOGY, INC	· Cibu	State _	Zig
Street Address Principal Business O 100 Highland			Providence	RI	62906
Business Phone No.	,	5. State of Incorporation	•		6 SIC Code
521-0700		RHODE ISLAND			9217
Brief Description of the Character of	_	1			
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3. NAMES AND AUDKESS Tresident Nam <u>e</u>	es of the offic	JERS (A BOX FOR ATTACHE	Prop Description Name		
Jack /	•		Street Address		
100 High	land Au	e	100 High	land Au	1e Zip
Providence	State	02906	Providence	RI	02906
Robert 1	neringol	9	Treusurer Name Jack	4. Klie	
100 Highla	nd Ave		100 High		AUZ
Providence	State D	02906	Providence	State	0290E
9. NAMES AND ADDRESS		CTORS ("X" BOX FOR ATTAC			
Director Name Ja-c K	11 /		Director Name		
			Street Address		
100 Migh	land A	ue			
CHY Providence	ce state RI	Z.ip	City	State	Zip
			Director Name		
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		"X" BOX FOR ATTACHMENT)			
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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:	1297
By:	OF STATE USE ONLY

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 IO HO.	2 HAME OF CORPORATION				
31881 3 street adoress principal Business o	FROE	E CARDIOLOGY,	ar	STATE	2P C006
100 High 1 BUSHESS PHONE NO		TATE OF INCORPORATION — RHODE ISL	Providence	R.I.	02906 6.500000 9217
Practice	r business conducted in Andoe island 2 of medicin	e and Co	ardiology	•· · · · ·	**
,	B. NAMES	S AND ADDRE	SSES OF THE OFFI	CERS	•
PRESIDENT NAME Jack H. STREET ADDRESS			STREET ADDRESS	Meringol	0
H1 [all	wood Dr.		11 Hone	bridge_	- 10 mg
SECRETARY NAME	wood Dr. STATE Mass.		Cumberland TREASURER HAME	RI	1 02864
2239004 133912	- Meringolo)	STREET ADDRESS	H. Klic	
or 11 Stone (oridge Ur	02864	SeeKonk	Muss	: 0277/
	9. NAME	S AND ADDRE	SSES OF THE DIR	ECTORS	•
DIRECTOR NAME			DIRECTOR HAME		
STREET ADDRESS			STREET ADDRESS		
ary	STATE	ZIP CODE	ary	STATE	ZP 000E
DIRECTOR NAME			DIRECTOR NAME		
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Pro	This re esident, Vice President	port must be SIGI , Secretary, Assista	NED IN INK by either the ant Secretary, Treasurer, F	Receiver or Trustee	
			report including a	perjury, I declare and af ny accompanying sched tained herein are true ar	firm that I have examined this dules and statements, and that of correct.
File Date:	4/46		Signature of Office	1.1.0 the	
Check No:	8430		Jac	KH.K	lie
	co/w		Print or Type Nam	e of Officer	12/19/95
By: For Secretary o	f State Use Only		Title of Officer		

State of Knode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

MINUAL KEPUKT Please Type or Print File Annually - Jan. 1 - March 1 Filing Fce \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MOST DE COMPLETED IN FOLL		
Corporate ID: 003/88/	Annual Report for the year:	
Name of Corporation: Providence	Cardiology, INC	
Business entity organized under the laws of the State of:	Business Entity is (check one):	 -
· ·	· · · · · · · · · · · · · · · · · · ·	
For foreign entity, address and telephone number of principal office:	[] Business Corporation (See RIGL Chapter 7-1.1)	-7 6 11
	Professional Service Corporation (See RIGL Chapter	: 1-3.1)
- thon 201-0700	Brief statement of the character of business conducted in F	thode Island:
Phone: (1/01) 52/-0/00	practice of Medicine	<u></u>
Address and telephone of the principal office of business entity in Rh	To Columbia	
Island (Provide street address, Not P.O. Box): 100 Manual Are	<u> </u>	
Paudence RE		· · · · · · · · · · · · · · · · · · ·
02906		
Phone: 401 521-0700		
Priorite: .94777 5 27 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7		
THE NAM	1ES OF THE OFFICERS ARE:	
RESIDENT	STREET ADDRESS, CITYGTATE	ZP COD€
Tack H. Ale 1	DO Mahlow of Ave How idence A	(1 0290E
ICE PRESIDENT	STREET ADDRESS CITYSTATE	ZIP CODE
Entert () · Meringolo	Same.	
ECRETARYO	STREET ADDRESS CITY/STATE	ZZP CODE
Nobert D. Meringolo	Same	
REASURER	STREET ADDRESS CITY/STATE	ZIP CODE
Jack M. Fle	Same	
THE NAM	ES OF THE DIRECTORS ARE:	
IAME 11 1C1>	STREET ADDRESS CITY/STATE	ZZP CODE
Each M. Klie	Same	
IAME P I I W	STREET ADDRESS CITY/STATE	ZUP CODE
Kobert D. Merins	»/6	
AME	STREET ADDRESS CITY/STATE	ZIP CODE
TUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider ma	y be attached)
lumber of Shares Class / Series	Number of Shares Class / Series	
1000 Common	200 COMMON	
9/11		
ate	By: Y. XXII	
· (PRINT OR TYPE NAME OF OFFICER SIGNING	···
rm 31 1/95	TITLE OF OFFICER SIGNING TITLE OF OFFICER SIGNING	
· · · · · · · · · · · · · · · · · · ·	ERED AGENT FOR SERVICE OF PROCESS:	
LEASE NOTE: If the registered office and/or registered agent ind	cated below is incorrect, Form 9 must be filed.	

FILED SEP 1.3 1995

By CC 3357

PLEASE TYPE or PRINT

CXSF \$103 PP
File Annually
LLC Sept 1 Nov 1
CORP Jan + March 1

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

Curporate ID:0031881	Annual Report for the year
Name of Business Entity: Providence	Cardiology, INC.
Business and the second of the State of R. T.	Business Entity is (check one)
Business entity organized under the laws of the State of	Business Corporation (See RIGL Chapter 7.1.1)
Federa, Taxpayer Identification Number	Professional Service Corporation (See RIGL Chapter 7-5.1)
For foreign entity, address and telephone number of principal office:	[] Limited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom communications may be directed:
·	- Jack H. Kle MD
	- 100 Mighland Ave -
Prone: 1401 521-0700	" Frovidence
Address and telephone of the principal office of business entity in Rhod	
15 and (Provide street address - Not P.O. Box) 100 Highland Ave	Brief statement of the character of business conducted in Rhode Island: Dractice of Medicine / Canadian
Providence PI	Colonia de la constanta de la
02906	Date of Organization 31 1978
Phone (401) 521 - 6700	Date of Qualification to do business in Rhode Island (if foreign entity):
Price 191	<u> </u>
THE NAM	ES OF THE OFFICERS ARE:
CHIEFENECTIVE OFFICER OR CONTRIBUTION CHECK ON:	SCRETT ADDRESS TO A COTTACATE TO A COTTACATE
E) CHES OPERATING OF PICER OR IN VICE PRESIDENT (CHECORE	STRUMACIONESS CONSTACT CONTRACTOR
Robert D. Mering.	SAME STATE STATE STATE
CONTOCIANDO RECORDS OR PROPERTY CONTOCIANO	W/O Same
CHIEF FINANCIAL OFFICER OF THE REASON OF THE STATE OF THE	STREE AMORES Same
THE NAME	S OF THE DIRECTORS ARE:
NAME	STREET VOCATATE CONTROL OF STREET CONTROL OF STR
Jack Mi Kle	STREET ADDRESS CONTRACT CONSTACT. OF COME
Robert D. Meringolo	STREET ADDRESS CTDS: ATF 23P COO.
NAME.	
NUMBER OF SHARES AUTHORIZED (B Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 200
1 00 0	Class Common
CLASS COMMON	CLASS
SERIES	SERIES
PAR VALUE OR / C O	PAR VALUE OR , O O
without par / '	WITHOUT PAR
	Λ α α
Date 12/8	By
·	Jack H. Klie
	PRINT OF TYPE NAME OF THE RESIDENCE
	E.F. CO. OPPICERSIONING
Form 31 - 194	
_	R RESIDENT AGENT FOR SERVICE OF PROCESS:
	e and/or registered or resident agent. Form 9 or Form LLC 3 must be filed.

PILED DEC 12 1994 PIL NO PO

Filing Fee \$50.00 State of Rhode Island a	6//0//	To be filed annually between January 1st and March 1st
CORPORATION 100 NORTH :	ONS DIVISION MAIN STREET ODE ISLAND 02903	មេ
Corporate ID 0031881	Annual Report for the year	1997
First: The name of the corporation is	PROVIDENCE CARDIOLOG	YINC
SECOND: It is incorporated under the laws of	Ϋ́Т	
THIRD: Character of business, briefly stated, is	Practice of Media	
FOURTH: If foreign corporation, address of its prin		
FIFTH: Business address in Rhode Island 160	, Michland Ave	
Sixth: Names and addresses of its directors and of the Name Office Name Office Director Robert Meringalo Director	officers: Address (including number, st 100 Highlani d A	
Director Jack H. Klie President Robert Meringolo Vice President Robert Meringolo Secretary		
SEVENTH: Number of Shares authorized:		Par Value or statement that
No. of Shares Class 1000 Common	Series PAID JAN 27 1993	shares are without par value
Еіднтн: Number of Shares issued:	SECY OF STATE	Par Value or statement that
No. of Shares Class	Series	shares are without par value
Ву.	Orovidence Cardio me of Corporation) July Alie Fresident	legy Troc.
(Report must be signed by an officer) Titl	le TOESIGENT	

State of Rhode Island and Frovidence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0031881	Annual Report for the year	1997
First: The na	ame of the corporation is	PROMICENCE CARDIOL	.06Y, INC
SECOND: It is	incorporated under the laws of	R.I.	
THIRD: Chara	cter of business, briefly stated, is	Practice of Me	dicine
	a Carl 11		
	reign corporation, address of its princ		
FIFTH: Busine	ss address in Rhode Island 100	o Mighland A	ve:
	s and addresses of its directors and off	ficers: Address (including number, st	(Attach rider if necessary)
Jack	Klie Director	100 Highland	
_	+ Meringolo Director	//	
	Director	<u> </u>	
Jack	Flore President	100 Heliland Ave	Hovidence
Rob	ert Meringolavice President		
Robe	rt Meringolosecretary		•••••
Jac	KH. Klic Treasurer		
SEVENTH: Nur	mber of Shares authorized:		Par Value
No. of Shares	Class	Sei PAID	or statement that shares are without par value
1000	Common	JAN 2 4 1992	1:00
Eібнтн: Numl	ber of Shares issued:	SECY OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200	Common		1.00
Dated 1/6) 1 92 (Nam	Providence Ca	rdiology INC.
	Bv	(Keek A/D)	lie
(Report mus	st be signed by an officer) Title	President	- .
orm 31 1-65	Title	······································	*****************************

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0031881	Annual Report for the ye	ar 1991
First: The	name of the corporation is	PROVIDENCE CARDIOL	
Second: It	is incorporated under the laws of	RI	•••••
	racter of business, briefly stated, is	Practice of n	***************************************
	foreign corporation, address of its pr		
Fifth: Busii	ness address in Rhode Island	o Highland Ave	-
SIXTH: Nam	es and addresses of its directors and	•	
	Name Office	Officers. Address (including number	(Attach rider if necessary), street, zip code)
Jack	old Klie Director	100 Highland Av.	Prov. AT 0290C
	r+ Meringalo Director	n	•
	Director Lie President		
		100 Highland Av.	Prov., PT 02901
Kobe,	+ Meringolo Vice Presider	nt ¹ 7	
K-ober	+ Meringolo Secretary	η	
Tack	M. Klie Treasurer	ч	
SEVENTH: N	umber of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Common	1991	\$1.00
Eіднтн: Nur	nber of Shares issued:	Series Part 1997	Par Value
No of Shares	Class	Sones Care Care	or statement that shares are without par value
200	Common	72.* 	\$1,00
Dated /-	4 19 91 (N	Providence Came of Corporation)	ardiology
	Ву	Jest 7/ The	
(Report m	ust be signed by an officer) Til	ile Tresilent	

State of Rhode Island and Providence Plantations Corporations division 100 North main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID 003	11881	Annual Report for	r the year 1990
FIRST: The name of	of the corporation is		
SECOND: It is income	porated under the laws of	Rhode Island	
THIRD: Character of cardiology.	of business, briefly stated, is	practice of intern	al medicine and
FOURTH: If foreign	corporation, address of its pr	rincipal office N/A	
FIFTH: Business add	dress in Rhode Island	Highland Avenue, F	Providence, RI 02906
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary)
Jack H. Klie, MD	Director		enue, Prov., RI 02906
Robert Meringolo,	MD Director		enue, Prov., RI 02906
	Director		
Jack H. Klie, MD	President	100 Highland Ave	nue, Prov., RI 02906
Robert Meringolo,	100		nue, Prov., RI 02906
Robert Meringolo,			nue, Prov., RI 02906
Jack H. Klie, MD	Treasurer		nue, Prov., RI 02906
Seventh: Number	of Shares authorized:	······································	Par Value
No. of Shares		_	or statement that shares are without
1,000	Class Common	Senes	par value
		PAID	\$1.00
Eighth: Number of	Shares issued:	Cayn bul	Par Value
No. of Shares	Class	PAID 1.2 1/1 1201 SEC'Y. OF STATE	Of statement that shares are without par value
200	Common	SEO.	\$1.00
Dated February		Providence Cardiolo	
(Report must be signer 1/85	gned by an officer) Ti	tle President	

State of Rhode Island and Providence Plantations Corporations division 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID.	0031881		Annual Repor	t for the year.	1989
First:	The name of the corpora	ation isPro			
Second:	It is incorporated unde	er the laws of	Rhode Island		
THIRD:	Character of business, buildings.		nonation of in	ternal me	dicine and
FOURTH:	If foreign corporation,	address of its p	rincipal office	N/A	
Fіғт н : 1	Business address in Rhod	de Island 100	Highland Avenue	, Provide	nce, RI 02906
Sixth:	Names and addresses of	its directors and		ncluding number, str	(Attach rider if necessary)
Jack H. I	Klie, MD	Director	100 Highland	Avenue, P	Prov., RI 02906
Robert Me	eringolo, MD	Director	100 Highland	Avenue, P	rov., RI 02906
• • • • • • • • • • • • • • • • • • • •		Director		•••••	······
Jack H. I	Klie, MD	President	100 Highland	Avenue, P	rov., RI 02906
Robert Me	eringolo, MD	Vice Preside	ent 100 Highland	Avenue, P	Prov., RI 02906
Robert M	eringolo, MD	Secretary	1.00Highland	AvenueP	Prov., RI 02906.
Jack H	Klie, MD	Treasurer	100Highland	.Avenue.,F	Prov,RI02906
Seventh:	Number of Shares aut	thorized:			Par Value
No. of Shar	res Cla	ss	Series		or statement that shares are without par value
1,00	O Com	mon	PAID FFH 7 11 100 1 SEC'YEIROF STA		\$1.00
Еіднтн:	Number of Shares issue	ed:	EFR Yn 100 1		Par Value or statement that
No. of Shar	es Cla:	ss	SEC'YPEROF STA	TE	shares are without par value
200	Com	mon	<u>-</u>	-	\$1.00
Dated February		I	Providence Cardi (Name of Corporation) By President	ology, Ir	1C.
(RC)	port must be signed by an offi	ונטו) :	THE TESTACHE		

Form 31 1/85

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

State of Rhode Island and Providence Plantations

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 Average Providence, RI SIXTH: Names and addresses of its directors and officers: (Attach in Name Office Address (including number, street, zip code) Jack H. Kliz , MD Director 100 Highland Average, Providence, Find Director 100 Highland Average,	CORPOR 100 NOR PROVIDENCE,	and Providence Plants ations division th main street . Rhode Island 02903	1988
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 in Name Address (including number, street, zip code) Jack H. Klie, MD Director 100. Highland Avenue, Providence, Find Seventh: Number of Shares authorized: Seventh: Number of Shares authorized: No. of Shares Class Senes Providence, Find Park Avenue Providence,	prporate ID 0001881	Annual Report for the	year 1700
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 Average Providence, RI SIXTH: Names and addresses of its directors and officers: (Attach in Name Office Address (including number, street, rip code) ack H. Klie, MD Director 100 Highland Average, Providence, F. Director Director 100 Highland Average, Providence, F. Director Director 100 Highland Average, Providence, F. Robert Meringolo, MD President 100 Highland Average, Providence, F. Robert Meringolo, MD Vice President 100 Highland Average, Providence, F. Robert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Treasurer 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD Secretary 100 Highland Average, Providence, F. Bobert Meringolo, MD	FIRST: The name of the corporation is	PROVIDENCE CARDIOL	GGY, INC.
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 minimum office Addres (including number, street, zip code) FIFTH: Business address in Rhode Island 100. Highland Avenue, Providence, RI SIXTH: Names and addresses of its directors and officers: (Attach minimum office Addres (including number, street, zip code) FIFTH: Business address in Rhode Island 100. Highland Avenue, Providence, FIFTH Address (including number, street, zip code) FIFTH: Business address in Rhode Island 100. Highland Avenue, Providence, FIFTH Address (including number, street, zip code) FIFTH: Business address in Rhode Island 100. Highland Avenue, Providence, FIFTH Address (including number, street, zip code) FIFTH: Business address in Rhode Island 100. Highland Avenue, Providence, FIFTH Address (including number, street, zip code) FIFTH: Business address in Rhode Island 100. Highland Avenue, Providence, FIFTH Island Avenue, Providence, FIF	SECOND: It is incorporated under the laws of	Rhode Island	
FIFTH: Business address in Rhode Island 100. Highland. Average Providence, RI SIXTH: Names and addresses of its directors and officers: (Attach rivolated Name Office Address (including number, street, zip code) ack H. Klie, MD Director 100 Highland Average, Providence, F. Robert Meringolo, MD Director 100 Highland Average, Providence, F. Robert Meringolo, MD President 100 Highland Average, Providence, F. Robert Meringolo, MD Vice President 100 Highland Average, Providence, F. Robert Meringolo, MD Secretary 100 Highland Average, Providence, F. Robert Meringolo, MD Secretary 100 Highland Average, Providence, F. Robert Meringolo, MD Treasurer 100 Highland Average, Providence, F. Seventh: Number of Shares authorized: No. of Shares Class Senes Par Value of Statements are well as the control of Shares are well as t	•	Practice of internal me	dicine
SIXTH: Names and addresses of its directors and officers: (Attach fin Name (Attach fin Nate (Attach fin Nate (Attach fin Nate (Attach fin Name (Attach fin Nate (Attach fin Name (Attach fin Nate (Attach	FOURTH: If foreign corporation, address of its	principal office	
SIXTH: Names and addresses of its directors and officers: Name	FIFTH: Business address in Rhode Island	100 Highland Avenue	
Name Office Address (including number, street, zip code) ack H. Klie, MD Director Director Director Director Direc		Providence, RI	
Director Director Director Director Director Director Director Director Jack H. Klie, MD President 100 Highland Avenue, Providence, E Robert Meringolo, MD Vice President 100 Highland Avenue, Providence, E Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E Robert Meringolo, MD Treasurer 100 Highland Avenue, Providence, E Seventh: Number of Shares authorized: Par Val or statemen shares are w par valt 1000 Common Fight Secretary Senes Senes Par Val or statemen shares are w par valt Par Val or statemen shares are w par valt Secretary Senes Senes Senes Par Val or statemen shares are w par valt O 1989 Par Val or statemen shares are w par valt O 1989 Secretary Secretary Senes Senes Senes Senes Par Val or statemen shares are w par valt O 1989 Par Val or statemen shares are w par valt O 1989 Secretary Secretary Senes Senes Senes Par Val or statemen shares are w par valt O 1989 Secretary Secretary Secretary Secretary Secretary Secretary Secretary Senes Par Val or statemen shares are w par valt O 1989 Par Val or statemen shares are w par valt			(Attach rider if necessary) imber, street, zip code)
Director Jack H. Klie, MD President 100 Highland Avenue, Providence, E. Robert Meringolo, MD Vice President 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Treasurer 100 Highland Avenue, Providence, E. Robert Meringolo, MD Treasurer 100 Highland Avenue, Providence, E. Robert Meringolo, MD Treasurer 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Montgolo, MD Secretary 100 Highland Avenue, Providence, E. Robert Montgolo, MD Secret	eck H. Klie, MD Director	100 Highland Avenue, I	Providence, RI 02906
President 100 Highland Avenue, Providence, Engloser's Meringolo, MD Vice President 100 Highland Avenue, Providence, Engloser's Meringolo, MD Secretary 100 Highland Avenue, Providence, Englosek H. Klie, MD Treasurer 100 Highland Avenue, Providence, Englos	, Director	100 Highland Avenue, J	Providence.RI 02906
Robert Meringolo, MD Vice President 100 Highland Avenue, Providence, Figure 100 Highland Avenue,	Inde II III - Im	100 Highland Avenue I	Providence DT 02005
Robert Meringolo, MD Secretary 100 Highland Avenue, Providence, R Seventh: Number of Shares authorized: No. of Shares Class Common Far Value or statemen shares are w par value 1000 Common Fight and Avenue, Providence, R Senes Par Value or statemen shares are w par value Senes	Johnston Maria		
Seventh: Number of Shares authorized: No. of Shares Class Common EIGHTH: Number of Shares issued: No. of Shares Class Class Senes Par Value or statement shares are we par value of Shares issued: Par Value or statement shares are we par value of Shares issued: Par Value or statement shares are we	Pohont Maningala Am		
SEVENTH: Number of Shares authorized: No. of Shares Class Class Senes Senes Par Value or statement shares are we par value 1000 Common Fight Average, Providerce, Pro	had the state of		
No. of Shares Class Common Common Common Fighth: Number of Shares issued: No. of Shares Class Class Senes Senes Senes Senes Senes Statemen Shares are w par value or statemen shares are w par value Of Shares Common Common	Treasurer		
1000 Common \$1.00 EIGHTH: Number of Shares issued: Par Valor or statement shares are we par valor 200 Common \$2.00 Sec. Y Series \$7.00 Sec. Y Sec. Y Series \$7.00 Sec. Y Sec. Y Series \$7.00 Sec. Y Sec. Y Sec. Y Sec. Y Sec. Y S			or statement that shares are without
EIGHTH: Number of Shares issued: No. of Shares Class Class Par Value Or statement Shares are w par value 200 Common	No. of Shares Class		par value
200 Common	1000 Common	PAID	\$1.00
200 Common	Еіднтн: Number of Shares issued:	, 3 10 1989	Par Value
200 Common	No. of Shares Class	SEC'Y SOF STATE	or statement that shares are without par value
\$1.00	200 Common	.) - -	\$1.00
ated $7-30$ 1989	$\frac{1989}{}$		
(Name of Corporation) By (Sec. A)	•	(a R//)	1:

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID31881		Annual Report for the year1987		
FIRST: The name of	of the corporation isPRON	/IDENCE CARDIOLOGY, INC		
	of business, briefly stated, is	Rhode Island	dicine…&	
FOURTH: If foreign	corporation, address of its p	orincipal office		
FiftH: Business ad Providenc	D. D.T.	O Highland Avenue		
SIXTH: Names and	addresses of its directors and	d officers: Address (including number, s	(Attach rider if necessary)	
Jack H. Klie, M.	Director	100 Highland Avenue.	Providence, RI	
Robert Meringolo,	M.D. Director	tt	11	
	Director			
Jack H. Klie	President	100 Highland Avenue.	ProvidenceRI	
Robert Meringolo	Vice Presid	ent .''	11	
Robert Meringolo	Secretary	11		
Jack H. Klie	Treasurer	H		
SEVENTH: Number	of Shares authorized:	Series	Par Value or statement that shares are without par value	
1000	Common		\$1.00	
Eіднтн: Number o	of Shares issued:	PAIL 1987	Par Value	
No. of Shares	Class	Series SEC'Y, OF STA	Tishares are without was 198	
200	Common		\$1.00	
Dated Januar	y 22, 19 87	PROVIDENCE CARDIOLOGY, (Name of Corporation) By	INC.	
(Report must be	signed by an officer)	Title President		

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 31881	•••••	Ar	nual Repoi	rt for the ye	ar1986	******
First: The name of	the corporation is	ROVIDENCE CA	PDIOLOGY,	INC.	······	••••••
Second: It is incorp	porated under the laws of		Rhode Isl	and		
	f business, briefly stated, is				rmal med	licine
+ Cardiolo	<i>9</i> .y		••••••		•••••	,,,,,,
	corporation, address of its					······································
\sim	ress in Rhode Island	•				
	addresses of its directors a	and officers:	Address (including numbe	(Attach rider i r, street, zip code)	f necessary)
Jack H. Klie,	M. D. Director	100 H	ighland	Avenue,	Providence	e, R. I.
Robert Meringo	olo, M.D. Director		11			
	Director					•••••
Jack Hi	Klie President	100	Highland	l Avenue	, Providenc	ce, R. I
Robert Merin	500 Vice Pres	ident'				11
Robert Meri	Ngolo Secretary				t1	
Jack H. K	Treasurer					
SEVENTH: Number of No. of Shares	of Shares authorized:		Series		Par Value or statement that shares are withou par value	
1000	Common				\$1.00	
EIGHTH: Number of	Shares issued:		F	EB 2219	Par Value or statement that shares are withou	
No. of Shares	Class		Series	900	par value	
200	Common $\frac{10}{2}$			<i>il</i>	\$1.00	
Dated 1- 14	1986 0314993	(Name of Corpora	dence	Car Die	diology,	Tuc

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION PROVIDENCE, RHODE ISLAND 02903

Corporate ID 31881		Annual Report for	the year 1985	
First: The name of	of the corporation is PROVIDE			
SECOND: It is inco	rporated under the laws of	Rhode Island		******************
THIRD: Character	of business, briefly stated, is	medicine and	cardiolo-	·J
Fourth: If foreign	corporation, address of its prin	cipal office		
Fifth: Business ad	dress in Rhode Island/OO	Highland A	1e	•••••••••••••••••••••••
SIXTH: Names and	addresses of its directors and of		(Attach rid	er if necessa
Jack H. Klie,	M.D. Director	100 Highland Av		ence.R
Robert Mering		н н		
	Director			
Jack H.	Klie President	100 Highla	and Ave	
Robert M	Peringolo Vice President	11	***************************************	*************
Robert M		14	***************************************	**********
Juck H.		4	•••••	••••••••
Seventh: Number	of Shares authorized:		Par Value	
No. of Shares	Class	Series	or statement shares are wit	
1000	Common	ocius -	par value	
-			\$1.00	
Еіднтн: Number o	f Shares issued:	BCBIVED MAR	1985 Par Value	
No. of Shares	Class	Series	or statement i shares are with	
200.	Common		par value - \$1.00	
ited 2-14	1985	Providence (ardiology -	Two.
	(Nam	e of Corporation)	lie	***************
(Papert must be a	ioned by an afficial	7/Q ₀ ,	••••••	
31 1/85	igned by an officer) Title		•••••••	···•······

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

		<u>-</u>		
FIRST:	The name of the corporation is	PROVIDENCE	CARDIOLOGY,	lN

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

President 100 1

100 Highland Avenue

Robert Meringolo Vice President 100 Highland Avenue

Secretary

Treasurer

(If additional space is needed, attach ridor)

SEVENTH: Number of Shares authorized:

Class Se

Par Value or statement that shares are without par value

1000

No. of Shares

Jack H. Klie

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:

TAN 18

19 84²

PROVIDENCE CARDIOLOGY, INC.

(Name of Corp

JAN 20 1984 LW

: Vack H. Kli *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 officeration Division for information. 277-3040

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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	f the corporation	is .		
	-	iology, Inc.		
SECOND: It is incor	porated under th	e laws of		
THIRD: Character o	f business, briefly	stated, is practi	re Of	
		dress of its principal o	office	
		•		•
FIFTH: Business acaddress) 100 High		Island (blank reports of Providence		o this
SIXTH: Names and	addresses of its	directors and officers	i :	
(Addresses	must include street a	and number, if any)		
Name	Office	Α	Address	
	Director			
	Director			
,	Director			
Jack Hi Klie	President	100 Highled High	land Aug	ح
Robert Meringol	UVice Presi	dent 100 Plish	lawd 770	, e
	Secretary			
(If additional space is neede	Treasurer det, attach rider)			
SEVENTH: Number	of Shares author	orized:	Par Value or statement th	nat
No. of Shares	Class	Series	shares are with par value	out
1000	Common	- • /	\$1,00	,
		FEB 23 1983		
EIGHTH: Number	of Shares issued	:	Par Value or statement th	nat
No. of Shares	Class	Series	shares are with par value	
100	Common	²	\$ 1.00	
Dated: 2 - 14	19 8 3	83 Providence co (Name of Corporation	e Cardiolic	77, In
		By Care M	ent.	
		; (Report must be s	signed by an officer)
If the corporation h	as changed its reg	isteræd office and/or its	registered agent	

Form #9 must be filed. Please contact Corporation Division for information. 277-3040

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

	A	nnual Keport for t	-			
FIRST: The name of the	corporation is	Providen	cer C	Cardiole	77.	[~
SECOND: It is incorpora	ited under the	laws of Rhide	z Is	and		
THIRD: Character of bus		tated, is Prov	/1510N			
FOURTH: If foreign con	rporation, addi	ess of its princip	al office			
FIFTH: Business address address 100 Highlon		and (blank repor		mailed to	this	
	resses of its d	number, if any)	ers:			
Name	Office		Address			
Jack H. Klie	Director	Summit Medic 100 Highland	al Bldg Avenue	. Suite	203, dence,	RI
Robert Meringolo	Director	,	11	. #	•	
	Director					
Jack H. KI.C.	President	44	u	"		
Robert Meringolo	Vice Presider	nt "	"	. 11	÷	
Robert Meringolo	Secretary	11	и			į
Jack H. Klic (If additional space is needed, attach	Treasurer	u	"			•
SEVENTH: Number of	Shares authori	zed:	01	Par Value	at	
No. of Shares	Class	Series	sh.	ares are witho par value	ut	
1,000	Common		\$	31.00 pa	r valu∈	ž I
Eighth: Number of S	Shares issued:			Par Value r statement th ares are with		
No. of Shares	Class	Series		par value		
100	Common		!	\$1.00 pa	r value	3 .
Dated: /- '7-		PROVIDENCE (Name of Corporation By		Les	c.	
JAN 141	ſ	(Report must I	oe signed !	by an officer)	
	11.17					

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

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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 Concology 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

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:

Office Summit Medical Bldg., Suite 203 100 Highland Avenue, Providence, RI Jack H. Klie, M.D. Director Director 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:

ecoco, per renero o	•	,		• •
Number of Shares	Class	Series	3 1 6 c	Far Value per Share or Statement that Shares are without Par Value
1000	common		13	\$1.00
1: 53			1000A:4····[5008]	

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:

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

Dated February 13, ,19 81

By Old President

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	י		
FROVIY	ENCE CAR	010LOGY, 1N	C-	
Pursuant to the providence of	corporation here	by submits the foll		
SECOND: It is incorp			ISLAND	
THIRD: The address of 100 Highland A	of its registered off	Ge in Rhode Island i	s Summit Med. Bidg, Suit R. I	e 203
and the name of its registere	ed agent in Rhode	Island at such addr	ess is	
FOURTH: If a foreign country under the laws of wh			pal office in the state or \mathcal{N}/\mathcal{F}	
FIFTH: The characte	r of the business	in which it is actu	ally engaged in Rhode	
Island, briefly stated, is	Practice	of medici.	v « -	
	• •	•		
SIXTH: The names ar	nd respective addr	esses of its directors	Address	
Juck H. Klie, MD	Director	Summit Mad Bldg	, Suite 203, lockly hand Av,	From R
Robert Meringolo MD	Director		18	
	Director			
	Director		•	
	Director			
1.000	Director			
Modert Mering	President		H .	
		ent .	~ н	
Robert Merinsula,			1	
Jack H. Klie Mo	Treasurer			
SEVENTH: The aggree by classes, par value of share				
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value	
1000	Commen	_	\$1.00	
			S APR 2	วี 1 9ภ

Form 31 8-79

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:

Number of Shares	Class	Se <u>ries</u>	or Statement that Shares are without Par Value
100	COMMON		\$ 1,00

Dated JAN. 7, 1980 PROVIDENCE CARDIOLOGY, INC.

(SAME OF CORPORATION)

Its PRES.

Form 31 30M 11-78

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 CA	RDIOLOGY, INC		,			
Pursuant to the provision amended, the undersigned corp First: The name of the corp	ns of Section 7.1 poration hereby orporation is	submit	of the Gen s the follow	eral Laws wing annu	iai report.	
SECOND: It is incorporate						
					erman	
THRD: The address of its Street, Providence, and the name of its registered a M.D.	Rhode Island gent in Rhode Is	0.2906 land at	such addres	sis Jac	k H. Klie,	
FOURTH: If a foreign co country under the laws of which	it is incorporate	d isn/a	3	al office in	the state or	
,				. ,		
Fifth: The character of Island, briefly stated, is to a authorized to pract	cender profes	siona un t	l service	s by per	sons	•
Sixth: The names and r	respective addres			Auditon		:
Jack H. Klie, M.D. Robert D. Meringolo Robert D. Meringolo Jack H. Klie, M.D. SEVENTH: The aggregat by classes, par value of shares,	Secretary Treasurer	194 nt 194 194 194	Waterman Waterman Waterman Waterman	Strect, Street, Street, nority to is	IIII a C Iada, io i	RI RI RI
Number of Shares	<u>Class</u>	3 :	Se <u>ries</u>	or Sta Shares	ue per Share tement that are without r Value	
1,000	Common 7			\$	1.00	
		732016	MA F	R 21 197 BB	9	

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:

Number of Shares	Class ;	Ser:es	Par Value per Share or Statement that Shares are without Par Value
100	Common		\$1.00

Dated February 26 , 1979 PROVIDENCE CARDIOLOGY, INC. (NAME OF CORPORATION)