

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 -		Filing Fee: \$50.00			
FORM MUST BE TYPED IN E					
1. Corporate ID No.	2. Name of Cor				
46181		nagement Initiatives, I			
3 Street Address Principal Busin			City	State	7.ip
363 HIGHLAND AVEN	UE		FALL RIVER	MA	02720
€. Bisiness Phone No. 5089615037		5. State of Incorpora MASSACHUS			6. SIC Code 9886
7. Brief Description of the Chara	acter of Business (onducted in Rhode Island			
TO MANAGE AND PROVI	DE SERVICES	TO VARIOUS TYPES	OF HEALTHCARE PROVIDE	RS	
8. NAMES AND ADDRES	SES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING A	TTACHMENTS
John B. Day			Daniel E. Bogar	ו	
Street Address			Street Address		
37 Myles Standish	Drive		.659 Pearce Stre	eet	
City	State	Zip	City	State	Zip
North Dartmouth	MA	02747	·Fall River	MA	02720
ecretary Name		. • • • • • • • • • • • •	Treasurer Name		• • • • • • • • • • • • • • • • • • • •
Joseph C. Raposo			William E. Grig	<u> </u>	
Street Address			Street Address		
110 Rhode Island A	ivenue		.14 Marial Drive	:	
City	State	Zip	City	State	· Zıp
Somerset	MA	02726	.So. Dartmouth	MA	02748
9. NAMES AND ADDRESS Director Name	SES OF THE D	IRECTORS ("X" BOX FO	PRATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Daniel J. Burns			Thomas Murray		
Street Address			· Street Address		·····
143 Bourn Avenue			2500 County St	reet	
Ciry	State	Zip	•City	State	Zip
Somerset	MA	02726	Somerset	MA	02726
Director Name			Director Name		
Peter D. Kane, CPA	4		•		
Sireet Address		······	Street Address	· ····································	
297 Water Street,	#A-4		•		•
City	State	Zip	.Ciry	State	Zip
Portsmouth	RI	02871	•		
10. SHARES AUTHORIZE	ED ("X" BOX FO	RATTACHMENT)	, 11. SHARES ISSUED ("X	"BOX FOR ATTACHMEN	vn □
AUTHORIZED SHARES			ISSUED SHARES		· · · ·
Number of Shares	Closs/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000 COMM \$1.00 F	'AR VALUE		100	common	\$1.00
				-· -· -· -· -· -· -· -· -· -· -· -· -· -	·
This report must be signe	d in ink by eit	ther the President, Vice	President, Secretary, Assi.	stant Secretary. Treas	urer. Receiver or Trus
· ·	•			•	
U 81818 61181 1188					
	A II II II II				
	A 18383 (AE				
4 6 1	8 1			rjury, I declare and affirm	
				g any accompanying sche	
46181 FBC 04/21/051	09:40:51 AM		and that all statemer	its contained herein are to	ue and correct.
	D			6 O1	//
File Date		—b	Nucl	M & LJUSES	- 7/21/2003
Check No. APR 28	2005 (50	<u>56</u> (4)	Signature of Officer		Date ' '
	- N /		William E. (
By By	135		Print or Type Name of	Officer	
		-	Treasurer		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer	······································	Enr. 420 1



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

Matthew A. Brown, Secretary of State

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2004

(FORM MUST BE TYPED OR PRI	NTED IN BLACK)					
1. Corporate ID No.	2. Name of Corporat	lon				
<u>4</u> 6181	Health Manag	ement Initiatives, Inc.				
3. Street Address Principal Business			City	State	Zip	
363 Highland Av	enue		Fall River	MA	02720_	
4 Business Phone No		5. State of Incorporation	n		6. SIC Code	
(508) 961-5037		MASSACHUSE	ITS		9886	
	VIDE SERVICES TO	VARIOUS TYPES OF HI	EALTHCARE PROVIDERS			
8. NAMES AND ADDRESSE! President Name	OF THE UFFICER	(S: ("X" BOX FOR AI	IACHMENI) FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
John B. Day						
Street Address			Daniel E. Bog	an		
37 Myles Standis		<u> </u>	Sircei Address 659 Pearce St		 .	
Cuy North Dartmouth	State MA	02747	^{Cuy} Fall River	State MA	^{Zip} 02720	
Joseph C. Raposo		Treasurer Name Linda A. Bode	nmann			
110 Rhode Island Avenue		Sirver Address 432 Pine Street				
City Somerset	State	Zip	City	State	Zip	
Director Name Daniel J. Burns Street Address			TTACHMENT) FILL IN Director Name Thomas Murray Street Address		·	
18 Millard Stree	Y		2500 County Street			
City Fall River	State MA	^{zφ} 02720	Cary Somerset	State MA	7.lp 02726	
Peter D. Kane, (CPA		Director Name			
Sirce Address 297 Water Street	t, #A-4		Street Address			
City December 1	State	Zip	Clty	State	Z.Ip	
Portsmouth	RI	02871			_	
10. SHARES AUTHORIZED	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACH	MENT)	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sortes	Par Value	
300,000 COMM \$1.00 PAR VALUE		100	common	\$1.00		
Ans.						
This report must be	signed in ink by e	ther the President, Vice	e President, Secretary, Assista	nt 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

File Date	2.2.04
	124
Check No.	Q.
Ву:	OR SECRETARY OF STATE USE ONLY

contained herein are true and correct.

Sendul Description /-21-04

Signature of Officer

Date

Linda A. Bodenmann

Print or Type Name of Officer

Treasurer

Title of Officer



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1,335 401-222-3040

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

STOP PLEASE READ ENSTRUCTIONS

FORM MUST BE TYPED OR PRINTI 1. Corporate ID No.	ED IN BLACK) 2. Name of Corpora	ation.			
46181	. ,				
40101 3 Street Address Principal Business C	Health Man Office	agement Initiatives, Inc.	City	State	Lip
363 Highland Ave	enue		Fall River	MA	02 72 0
1. Business Phone No		5 State of Incorporation			6. SIC Code
(508) 961-5037		MASSACHIIS	ETTE		
Brief Description of the Character	of Business Conducted	MASSACHUS in Rhode Island	EIIO		9886
To manage and pro	ovide servic	es to various ty	ypes of healthcare	providers.	
3. NAMES AND ADDRESS	ES OF THE OFF	ICERS ("X" BOX FOR ATT		BEFORE USING ATTAC	CHMENTS
resident Name			Vice President Name		
John B. Day			Daniel E. Bog	an	
ticet Address			Street Address		
37 Myles Standis			659 Pearce St	reet	
idy Namada Damada maka	State	Zip	City	State	Zip
North Dartmouth	MA	02747	Fall River	MA	02720
ecretary Name			Treasurer Name		
Joseph C. Raposo)		Linda A. Bode	nmann	
110 Rhode Island	l Augnus		Street Address		
an Tio Minage 1219110	State	7 i p	432 Pine Stre		
Somerset	MA	02726	Marshfield	State M A	Zip 00750
. NAMES AND ADDRESS				MA ES BEFORE USING ATT	02750
Pirector Name	(5 ()1 1111. I/IK	LCIORS (A BOX FOR A	Director Name	ES BEFORE USING AT I	ACIMEN15
Daniel J. Burns			Lee A. Sunder	land	
treet Address			Street Address	rana	
18 Millard Stree	et .		55 Riverscape	Lane	
uty	State	Zip	City	State	Zip
Fall River	MA:	02720	Tiverton	RI	02878
Director Name			Director Name		02070
Peter D. Kane, C	PA		Thomas Murray		
treet Address			Street Address		
297 Water Street			2500 County St	treet	
ity Dontomouth	State	7.ip	City	State	Zip
Portsmouth	RI	02871	Somerset	MA	02726
O. SHARES AUTHORIZED	O ("X" BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	7)
UTHORIZED SHARES 'umber of Shares	Class (Famor	D Materia	ESCIED SHARES		
winner of Sumits	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000 COMM \$1.00 PAR	VALUE		100	common	\$1.00
			100	Common	\$1.00
			•		

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

	* 4 6 1 8 1 *
File Date.	2/25/03
Check No.:	- 000 087
By:FOR SECRETARY OF	

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.

Lindi Bidermera Signature of Officer

Linda A. Bodenmann
Print or Type Name of Officer

Treasurer

nite of Officer

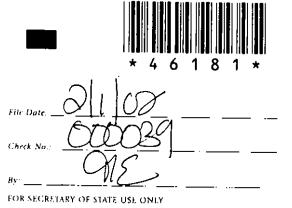
Form 630 12/02

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 _

Time Topour Junuary	I-MUTCH I	- riling ree: 350,0	V		INST
FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No.	2 Name of Corpora	ition			
46181	Health Man	agement Initiatives, Inc	1 .		
3. Street Address Principal Business O.	ffice		City	State	Zip
363 Highland Ave	nue		Fall River	MA	02720
4 Business Phone Na		5 State of Incorporat		1111	6. SIC Code
(508) 961-5037		MASSACHU	SETTS		9886
7. Brief Description of the Character v.	f Business Conducted i	in Rhode Island			
To manage and p	rovide serv	ices to various	types of healthcare	providers.	
8. NAMES AND ADDRESSI	ES OF THE OFF	ICERS ("X" BOX FOR AT		BEFORE USING ATTAC	HMFNTS
President Name			Vice President Name		
John B. Day			Daniel E. Bog	an	
Street Address			Street Address		
37 Myles Standis	h Drive		659 Pearce St	reet	
City	State	Zip	City	State	Zip
North Dartmouth	MA	02747	Fall River	MA	02720
Secretary Name			Treasurer Name		
Joseph C. Raposo			Linda A. Bode	nmann	
Street Address			Street Address		
110 Rhode Island			432 Pine Stre	et	
Somerset	State MA	Ζιρ 02726	City Managla 62 a 3 d	State	Zip
9. NAMES AND ADDRESSE		=	Marshfield	MA	02750
Director Name	S OF THE DIKE	CTORS ("X" BOX FOR)	NTTACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Daniel J. Burns			Lee A. Sunder	land	
Sticet Address			Street Address	land	
18 Millard Street	t.		55 Riverscape	lano	
City	State	Zip	City	State	Zip
Fall River	MA	02720	Tiverton	RI	02878
Director Name		32,43	Director Name	IV 1	02070
Peter D. Kane, Cl	PA		Thomas Murray		
Street Address			Street Address		
297 Water Street	, #A-4		2500 County S ⁴	treet	
City	State	Z(p)	Cay	State	Zip
Portsmouth	RI	02871	Somerset	MA	02726
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("A	* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESUFE) SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000 COMM \$1.00 PAR V	ALUE		100	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.

Linda A. Bodenmann Pent or Type Name of Officer

Treasurer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

CODIA	SALICT		TWOCK	 01 40 61
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1. Corourate ID No.

46181	Health Ma	nagement Initia	tives, Inc.		
3. Street Address Principal Business O	ffice		City	State	Zip
363 Highland Av 4. Business Phone No. (508) 961-5037	enue	S. State of Incorporation MASSACHUSE		MA	02720 ° 9866°
•	vide service	es to various ty	pes of healthcare pro		LIMPATTO
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATT)	(CHMENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTAC	HMEN15
John B. Day			Daniel E. Bogan		
Street Address			Street Address		
37 Myles Standis	h Drive		659 Pearce Stree	t	
City	State	Zip	City	State	Zip 00710
North Dartmouth	MA	02747	Fall River	MA	02720
Secretary Name			Treasurer Name		
Joseph C. Raposo			Linda A. Bodenma	nn	
110 Rhode Island	Avonuo		Street Address 432 Pine Street		
City City	State	Zip	City	State	Zip
Somerset	MA	02726	Marshfield	MA	02750
9. NAMES AND ADDRESS!				EFORE USING ATTA	ACHMENTS
Director Name			Director Name		
Daniel J. Burns Street Address			Russell Guerreir	0	
18 Millard Stree	t		23 Dower Drive		
City	State	Zip	City	State	Zip
Fall River Director Name	MA	02720	North Dartmouth Director Name	MA	02747
Peter D. Kane, C	PA		Thomas Murray Street Address		
297 Water Street	, #A-4		2500 County Stre	et	
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Somerset	MA	02726
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x* E ISSUED SHARES	BOX FOR ATTACHMENT	-)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000	common	\$1.00	100	common	\$1.00

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



Linda A. Bodenmann

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

Print or Type Name of Officer

Title 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

401-222-3040 STOP

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLAC	Ω Κ)				
. Corporate ID No.	2. Name of Co	rporation			·
46181	Health	Management Initiativ	es, Inc.		
. Street Address Principal Business (Office		City	State	Zip
363 Highland Av	renue		Fall River	MA	02720
. Business Phone No	-	5. State of Incorporation			6 SIC Code
(508) 961-5037		MASSACHUSETTS			9886
Brief Description of the Character	of Business Condu	cted in Rhode Island			
To manage and p	rovide se	rvices to various typ	es of healthcare	providers	
		OFFICERS ("X" BOX FOR ATTACHN		EFORE USING ATTAC	HMENTS
resident Name			Vice President Name		
John B. Day			Daniel E. Bog	jan	
treet Address			Street Address		
37 Myles Standi	sh Drive		659 Pearce St	treet	
ity	State	Zip	City	State	Zip
North Dartmouth	ı MA	02747	Fall River	MA	02720
ecretary Name			Treasurer Name		
Linda A. Bodenm	ann		Linda A. Bode	enmann	
treet Address			Street Address		
432 Pine Street	•		432 Pine Stre	et	
ity	State	Zip	City	State	Zıp
Marshfield	MA	02750	Marshfield	MA	02750
	SES OF THE I	DIRECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
lirector Name			Director Name		
Daniel J. Burns	;		Russell Guerr	eiro	
treet Address			Street Address		
18 Millard Stre	et		23 Dower Driv	re	
iry	State	Zip	City	State	Zip
Fall River	MA	02720	North Dartmou	ith MA	02747
irector Name			Director Name		
Peter D. Kane,	CPA		Thomas Murray	<i>t</i>	
treet Address			Street Address		
297 Water Stree			2500 County S		
ity	State	Zip	City	State	Zip
Portsmouth	RI	02371	Somerset	MA	02726
O. SHARES AUTHORIZEI) ("x" box for	ATTACHMENT)	11. SHARES ISSUED (*)	K" BOX FOR ATTACHMENT	")
L/THORIZED SHARES			ISSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
200 000		41 00			
300,000	common	\$1.00	100	common	\$1.00

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

File Date:	* 4 6 1 8 1 * 1	
Check No.:	1898	
By:	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.

Linda a. Badonman	1/6/00	
Signature of Officer	Date	
Lidenda B. Ondanasana		

Linda A. Bodenmann
Print or Type Name of Officer

Treasurer

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILWERAD INSTRUCTIONS

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FORM MUST BE TYPED IN BL	ACK)				
1. Carporate ID No.	2. Name of Corporati	on	•		
46181	Health	Management Init	tiative, Inc.		
3 Street Address Principal Busines	is Office		City	State	Zip
363 Highland	Ave		Fall River	MA	02720
4 Business Phone No.		5. State of Incorporation	1		6. SIC Code
(508) 961-503	:7	Massachi	ısetts		9886
7 Brief Description of the Charact	er of Business Conducted in	Rhode Island			
To manage and	l provide servi	ices to various	types of Healthcare	providers	
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT)		
President Name			Vice President Name		
John B. Day			C. Todd	Allen	
Street Address			Street Address		
101 Page St.			101 Page	Street	
City	State	Zip	City	State	Zip
New Bedford	MA	02740	New Bedford	MA	02740
Secretary Name		•	Treasurer Name		
Linda Bodenna	nn		Linda Bodenm	ann	
Street Address			Street Address		
101 Page Stre	et		101 Page Str	eet	
City	State	Zip	City	State	Zip
New Bedford	AM	02740	New Bedford	MA	02740
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR A			
Director Name			Director Name	• .	
Daniel E.Boga	ın		Russell Guer	reiro	
Street Address			Street Address		
 363 Highland 	Ave		363 Highland		77.a
City	State	Z:p	City	State AA D	Zip 02730
Fall River	MA	02720	Fall River	MA	02720
Director Name			Director Name	- CDA	
Daniel J. Bur	TIS		Peter D. Kan	ie CPA	
363 Highland	Aug		Street Address	l Aug	
ŭ		r-	363 Highland	State	Zip
Fall River	State MA	^{Zip} 02720	^{City} Fall River	MA	02720
				• • •	
10. SHARES AUTHORIZ	LED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	'A' BUA FUK ATTACHMENT	,
AUTHORIZED SHARES			ISSUED SHARES	Class / Sarias	Par Value
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	1 M. LAIRE
300,000	common	1.00	100	common	1.00
,	····				

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

	n ul 00
File Date:	7-14-99
Check No:	18/2
By:	AMF

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.

Inda Bodenman	7/8/99_
Signature of Officer	Date
Linda Bodenmann	
Print or Type Name of Officer	

Treasurer ____

Title of Officer

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

STOP PLEASE READ INSTRUCTIONS

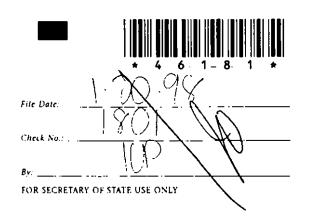
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

2 Name of Corporation

46181	Health Mana	gement initiatives. In	ıc.		
3. Street Address Principal Busin 363 Hig	hland Av	gement initiatives, in	Fall River	State MA	02720
4. Business Phone No.	2 - 2	5. State of Incorporation	Fall River	/ // /	6. SIC Code
7. Brief Description of the Char	4 - 1004 acter of Business Conducted in	MASSACHUSE	ттѕ		9886
To manage	+ grovide	services to	various type.	s of healthcar	e provider
8. NAMES AND ADDR	ESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) X Vice President Name	·	,
	B. Day			d Allen	
Street Address	•		Street Address		L
101 Tas	ge Stree	Zip	101 Tag	state	— Zip
New Bedford	A MA	02740	New Bedto	re Street rd MA	02740
Secretary Name	m G. Hea		Treasurer Name	iam C. H	
Street Address			Street Address		
	Higland			Highland	9:4
Fall Rive	er State	~°02726	FallRiv	er MA	02720
9. NAMES AND ADDR	ESSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) 🗶		• -
Director Name	E. Boga	. h	Director Name	cy R. Gr	222 0
Street Address			Street Address		
363 Hi	ghland Ave	inue.	363 /	Highland A	re
Fall Riv	er MA	02720	Fall Rive	r MA	02720
Director Name	•		Director Name		
Street Address	el E. Bur	4	Street Address	ssell Guer	
	Highland		363 H	ishland A	tue.
Fall Rive	state MA	^{スŋ} 0み72 <i>0</i>	Fall Rive	- State	2ip 02720
•	' / / ZED ("X" BOX FOR ATTA			(*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000	Common	1.00	100	Common	#1,00

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



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.

Vinde Bidenman 1/13/98

ignature of Officer Date

Linda Bodenmann

ASST. Treasurer

Itle of Officer



Officers

John B. Day, President 101 Page Street New Bedford, MA 02740

William G. Heaney, Treasurer/Clerk 101 Page Street New Bedford, MA 02740

Linda Bodenmann, Assistant Treasurer/Clerk 101 Page Street New Bedford, MA 02740

C. Tod Allen, Executive Vice President 101 Page Street New Bedford, MA 02740

John P. Gurney, Vice President/Chief Operating Officer 363 Highland Avenue Fall River, MA 02720

Directors

Daniel E. Bogan, Chairman

363 Highland Avenue

Fall River, MA 02720

Daniel E. Burns

363 Highland Avenue

Fall River, MA 02720

Tracy R. Greene Russell Guerriero
363 Highland Avenue Fall River, MA 02720 Fall River, MA 02720

Peter D. Kane Thomas Murray
363 Highland Avenue 363 Highland Avenue
Fall River, MA 02720 Fall River, MA 02720

Joseph Raposo Lee A. Sunderland 363 Highland Avenue 363 Highland Avenue Fall River, MA 02720 Fall River, MA 02720



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

Zip

State

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Health Management Initiatives, Inc.

ring reriou: junuary 1-march 1	•	ruing ree: \$50.00
(FORM MUST BE TYPED IN BLACK)		

2. Name of Corporation

1. Corporate ID No.

3. Street Address Principal Business Office

46181

363 Highland Business Phone No.	Avenue	5. State of Incorporati	Fall River	MA	02720 6 SIC Code
(508) 679-700 Brief Description of the Charact		Massachu			9886
Out-patient p . NAMES AND ADDRE	provider of	health care			
John B. Day			C. Todd Allen	, Executive V	ice-President
363 Highland	Avenue State	Zip	363 Highland R_{cdy}	Avenue \	Zıp
Fall River	MA	02720	Fall River	MA	02720
William G. He	eaney		William G. Hea	aney	·
363 Highland	Avenue	Zip	363 Highland 1	Avenue State	Zip
Fall River NAMES AND ADDRE	MA SSES OF THE DIRE	02720 CTORS (*x* BOX FOR)	Fall River ATTACHMENT) X Director Name	MA	02720
Daniel E. Bog	jan		Daniel J. Bus	rns	
363 Highland	Avenue		363 Highland	Avenue	
ity	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA .	02720
Tracy R. Gree	ene		Russell Guern	reiro	
363 Highland	Avenue		363 Highland	Avenue	
ity	State	Zip	City	State	Zip
Fall River	MA	02720	Fall River	MA	02720
D. SHARES AUTHORIZ	ED AND ISSUED (-	X* BOX FOR ATTACHMEN	T)		
JIHORIZED SHARES			ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000	Common	\$1.00	100	Common	\$1.00
		* * *			
is report must be sig	ned in ink by eith	er the President. Vic	ce President, Secretary, Assis	stant Secretary, Treasi	irer. Receiver or Trust

Th rustee

File Date: _ 8/12/97_15.11: < 2.71	<u>-</u> જુમારું લ
File Date: _ 8 12 4)	.
Check No.:	
ву	
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

John Bour dely 31, 1997
Signature of Officer Date

John B. Day - -

<u>President</u> Title of Officer

9. ADDITIONAL NAMES AND ADDRESSES OF THE DIRECTORS

Peter D. Kane, C.P.A. 363 Highland Avenue Fall River, MA 02720

Thomas Murray 363 Highland Avenue Fall River, MA 02720

Joseph C. Raposo 363 Highland Avenue Fall River, MA 02720

Lee A. Sunderland 363 Highland Avenue Fall River, MA 02720

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

e Filing Period: January 1-March 1

Filing Fee:	\$50.00
-------------	---------

1. CORPORATE ID NO	2. HAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.			
46181	' Healt	h Management In	itiatives, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFF			ary	STATE	2P C00€	
363 Highland A	. — — — — .	The state of the s	Fall River	MA	02720	
(508) 679-7009	1	5 STATE OF INCORPORATION MASSACH	IICETTC		6. SIC 000Ê	
BREE DESCRIPTION OF THE CHARACTER OF E		ł	———- —————————————————————————————————		9886	
		alth-care servi	~ec			
out pattere pr	···~ +		· · · · · · · · · · · · · · · · · · ·			
PRESIDENT NAME	8. N A	MES AND ADDR	SESSES OF THE OIL VICE PRESIDENT NAME	FFICERS		
C. Tod Allen			John P. Gurney	, Executive Vi	ce President	
TRET ADDRESS			STREET ADDRESS	•		
363 Highland Av	TSIATE	ZP C00E	· 363 Highland A			
Fall River	MA	1 02720	Fall River	STATE	27 000€ 02720	
ECRETARY NAME			TREASURER HAVE			
William G. Hean	ey		William G. Hea	ney		
363 Highland Av	enue	•	STREET ADDRESS			
717 TILGUIG 114	STATE	ZP CODE	363 Highland A	Venue STATE	T ze coo€	
Fall River	MA	02720	Fall River	MA	02720	
	9 . N A	MES AND ADDR	ESSES OF THE DI	RECTORS		
ичестоя ниме John M. Almeida	(TD)	. , _	DIRECTOR HAME	<u>-</u>	- -	
TREET ADDRESS	I, CPA		Daniel E. Boga	<u>n</u>		
363 Highland Av	enue		363 Highland A	venue		
ITY	STATE	ZP CODE	ατγ	STATE	ZP COOE	
Fall River	MA	02720	Fall River	MA	02720	
Daniel J. Burns	.		, DIRECTOR NAME ' Frederick C. D	rever .Tr		
TREET ADORESS			STREET ADDRESS			
363 Highland Av	enue	· 	363 Highland Avenue			
Fall River	STATE MA	72P 000E	air	STATE	ZP CODE	
raii kivei		02720	Fall River	<u>A11</u>	02720	
	10. \$	HARES AUTHOR	IZED AND ISSUED			
MANBER OF SHARES	AUTHORIZED SHARES	PARVALUE	NUMBER OF SHARES	ISSUED SHARES	PAR VALUE	
300,000	Common	\$1.00	100	Common	\$1.00	
					·	
				ì		
· · · · · · · · · · · · · · · · · · ·	· · · · - · - · - · · - · · - · · - · · · - ·					
		· 	en la esta a la compansión de la compansión		1 .	
	Thi	e report must be SIC	SNED IN IND has alab as at	- /	-	
Presid	dent, Vice Presid	ent, Secretary. Assis	SNED IN INK by either the tant Secretary, Treasurer	i e : Receiver or Truste	ee EE	
. 						
SEE ATTACHED SHEE	T FOR ADDITIO	JULIALI L'AMES OF D	IRECTORS Under penalty of report, including	any accompanying sch	redules and statements, and ti	
	,		all statements o	ontained herein are true	and correct.	
File Date: 3/6/	96 ()	b	<u> </u>	u		
File Date: 3/6/ Check No: /63	- TX		Signature of Offi	cer	-	
Check No: 163	5 X 1/	•	C. Tod A	llen		

President

Title of Officer

Print or Type Name of Officer

For Secretary of State Use Only

By:

Page 2 1996 Annual Report Health Management Initiatives, Inc.

Names and Addresses of the Directors (continued)

C. Tod Allen363 Highland AvenueFall River, MA 02720

William G. Heaney 363 Highland Avenue Fall River, MA 02720

Lee A. Sunderland 363 Highland AVenue Fall River, MA 02720 John P. Gurney 363 Highland Avenue Fall River, MA 02720

Thomas P. Murray 363 Highland Avenue Fall River, MA 02720

Joseph C. Raposo 363 Highland Avenue Fall RIver, MA 02720

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277 3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 3 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID: 00 16181		Annual Repor	্রাঞ্জন্ত t for the year:	
•	oith Sanagement in	•	•	
Name of Corporation:	•		y at Paris	
Business entity organized under the laws of			intity is (check one):	
For foreign entity, address and telephone number of principal office:			ness Corporation (See RIGL Chapter 7-1.1)	
363 Highland Avenue Fall River, MA 02720	-	[] Profe	ssional Service Corporation (See RIGL Cha	ipter 7-5 1)
Tall River, MA 02720	•	D-1-E-res		
Phone: (508) 679-3131			ment of the character of business conducted	
Address and telephone of the principal office	e of husiness entity in Rhode		ntract with employers to h	
Island (Provide street address - Not P.O. Box			nsation and other related h care services provided t	
2700 Hospital Trust Tower			yees	o their
Providence, RI 02903			, , , , , , , , , , , , , , , , , , , ,	
Phone: (401) 276-6555	•			
	THE NAMES OF	THE OFFICER	S ADE:	
PRESIDENT	STREET		CITY/STATE	ZIP COCE
Ç. Tod Allen VICE PRESIDENT	363 Highland A	venue ADDRESS	Fall_River, MA	02720 ziř Cobs
John P. Gurney	363 Highland A	Venue Address	<u>Fall. River, MA</u>	-02 <u>720</u>
William G. Heaney TREASURER	363 Highland A	Venue	Fall River, MA	02720 ZPCODE
William G. Heaney	363 Highland A THE NAMES OF T		Fall River, MA	02720.
NAME	STREET		CITY/STATE	ZIPLODÍ
C. Tod Allen	363 Highland A	V e n u e Address	Fall River, MA	02720 ZIF (90.
John M. Almeida	36 <mark>3 Highl</mark> and A	Venue Address	Fall <u>River</u> , MA	02720
Sec Exhibit A attached her	reto and incorporated	herein by	reference	
NUMBER OF SHARES AUTHORIZED (Ride		1	SHARES ISSUED AND OUTSTANDING (Ride	er may be attached.
Number of Change		. N	6) (6)	.
Number of Shares 300,000 Class / So	enes Common	Number of Sh	ares 100 Class / Series Commo) n
		:		
		į		
			A	
Date January 31	05	11	//)	
Date vanualy	, 19 <u>95</u>	Tod (1)	X	
	PRINT OF	TOO Allen	R SIGNING Procident	
Form 31 1/95	TITLE OF	OFFICER SIGNING	<u>President</u>	
DES	SIGNATED REGISTERED A	GENT FOR SE	RVICE OF PROCESS:	
PLEASE NOTE: If the registered office at				

UMARUTE M DESENDIBE, SEG Erro Moderutal index PRO MOGRADI - MI MINIS

100.1556

EXHIBIT A

THE NAMES OF THE DIRECTORS ARE: (continued)

Daniel E. Bogan	363 Highland Avenue Fall River, MA 02720
Frederic C. Dreyer, Jr. (ex-officio)	
Robert W. Giggey	363 Highland Avenue Fall River, MA 02720
John P. Gurney	363 Higland Avenue Fall River, MA 02720
William G. Heaney	363 Highland Avenue Fall River, MA 02720
Barry Robbins (ex officio)	363 Highland Avenue Fall River, MA 02720
Lee A. Sunderland	363 Highland Avenue Fall River, MA 02720

, Filing Fee \$50.00 • Fayable to: Secretary of State

PIPASE TYPE or PRINT State of Rhode Island and Providence Plantations Office of The Secretary of State ### COPP: Jan. 1 - March 1 100 North Main Street

Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: _0046181	Report for the year:_	1994	
Name of Business Entity: <u>Health Management Initiatives</u>	s!nc		
Business organized under the laws of the State of:	3051055 5011		
Garrier constitution of the distriction of the dist	Business Entity is (check one): [X] Business Corporation (See FIGE Chapter ?])		
			•
Federal Tampayor I.D. Humbers	7 5.1)	onal Service Corporation	n 1944 EIGE Shapter
	1	4	
For toreign entity, address and telephone number of	t, ∴tm;t⊕d L	Hability Company (See)	FIGE (-16)
principal office:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
363 Highland Avenue		d mailing address of c	ontact person to
Fall Plyer, 88 02720		itions may be directed:	
		on. President	
Frome: 1 508 1 629-2121	1	met Initiatives Inc	
The state of the s	363 HAgh) and A		
Address and salashas of all ours as a series	Eall River, FA		
Address and telephone of the principal office of			
Dusiness entity in Khode Island (Provide street &ddress		tiof the character of 1	usiness conducted
- Not F.S. Bex):	In Rhode Islan	=	
2790 Rosrital Igest Tower		<u>th employees to have w</u>	
Providence, RI 02923	and other rela	<u>tod emploves howlth ca</u>	re <u>services</u>
	1	eir employees.	
Phone: (<u>401) 276-6555</u>	Date of Organs	zation:	
	Date of Qualif	ication to do business	in Fhode Island
	(if foræign en	tity): <u>March 2. 1</u> 988	
() CRIME OFERATING OFFICER OR [X] EXECUTIVE VICE PRESIDENT (Check One)	STREET ANNEEDS ghland Avenue street Access ghland Avenue	CITY/STATE Fall River MA CITY/STATE Fall River MA	21F CONE 02720 21F CONE 02720
[] CUSTOMIAN OF RECORDS OF [X] RECRETARY (Check ore)	otreet Astream	CITY/STATE Fall River MA	::r coor 02720
ij rezer fihautial officer of [x] Theatures (Check One) William A. Nejlan	ghland Avenue F THE DIRECTORS ARE:	CITY/STATE Fall River MA	02720
C. Ind Allen 363 Hi	ATTREET ACCRESS	CITY/STATE	279 0768
<u> </u>	<u>ghl</u> and Ave <u>nue</u>	<u>Fall River MA</u>	02720
John A. Almeida 363 Hi	other: Acress ahland Avenue	CITY/STATE Fall River MA	211 core 02720
NAS	STREET ADDRESS	CITY/STATE	311 7006
See Exhibit A attached hereto and incorporated herein b	y reference.		
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES	<u>S ISSUED AND OUTSTANDIN</u>	G (If Applicable)
MUMBER 300,000	NUMBER 100		
CLASS Common	CLASS Commo	n	
SERIES	SERIES		•
PAR VALUE DR	PAR VALUE OR		
WITHOUT_PAR \$1,.90	HITHOUT PAR	1,00	
Date March 28 , 1994	By: C. Tod Allen PRINT OF THE HARE OF OFFI President	CCER SIGNING	
Form 3: 1/44	TITLE OF OFFICER STORING		
DESIGNATED REGISTIONED OR RE	STREME AND SERVE	CE OF PROPERTY	

fLEARE WHITE: If the Computation has changed its registered office and/or registered or resident equal, form 9 or form GCD must be filed.

EXHIBIT A

THE NAMES OF THE DIRECTORS ARE: (continued)

Daniel E. Bogan	363 Highland Avenue Fall River, MA 02720
Frederic C. Dreyer, Jr. (ex-officio)	363 Highland Avenue Fall River, MA 02720
Robert W. Giggey	363 Highland Avenue Fall River, MA 02720
John P. Gurney	363 Highland Avenue Fall River, MA 02720
William A. Neilan	363 Highland Avenue Fall River, MA 02720

Form 31 1/85

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

Corporate ID	0045181	·····	Annual Report	t for the year	1993
First:	The name of the corporation	n is	HaalthManag	ement Initi	ativesInc
SECOND	It is incorporated under the	he laws of	lassachusetts		
Third:	Character of business, brief	ly stated, isto	contract with e	mployees to h	ave Workers'
Compensati	ion and other related e	employee heal	th care services	provided to t	their employees.
Fourth:	,,	dress of its princ	cipal office363 His	ghland Avenue.	Fall Hiver,
Г іғтн:	Business address in Rhode I	sland 2700 H	ospital Trust To	wer, Providenc	ce, Khode
Island 029	903		••••••	•••••	
Ѕіхтн:	Names and addresses of its	directors and off		(A	ttach rider if necessary)
Please see	Exhibit A attached	Director		• • • • • • • • • • • • • • • • • • • •	
for names	and addresses of	Director			
Directors	and Officers	Director		***************************************	
***************************************		President			
***************************************		Vice President			
****************		Secretary			
*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Treasurer			
Seventh	: Number of Shares author				Par Value statement that res are without
No. of Sha			Series	3/Id	par value
300,00	00 Cammor	1			\$1.00
Еіснтн:	Number of Shares issued:		Recid & Fied	* · · ·	Par Value statement that
No. of Sha	rres Class		Series	16/11 () 3 1993 ³³	res are without par value
10	00 Common	1	AN	148388	\$1.00
DatedF∈	ebnuary 19 🤅	(Nam	LTH MANAGEMENT IN	VITIATIVES, IN	ic.
(Re	port must be signed by an officer	By Title	. President		

EXHIBIT A

1993 RHODE ISLAND ANNUAL REPORT

HEALTH MANAGEMENT INITIATIVES, INC.

DIRECTORS

Name:

Address:

Frederic C. Dreyer, Jr.

363 Highland Avenue Fall River, Massachusetts 02720

C. Tod Allen

363 Highland Avenue Fall River, Massachusetts 02720

William A. Neilan

363 Highland Avenue Fall River, Massachusetts 02720

OFFICERS

Frederic C. Dreyer, Jr.

Chairman

C. Tod Allen President

John P. Gurney
Executive Vice President

William A. Neilan Secretary/Treasurer/Clerk

Christine P. Cotsoridis
Assistant Secretary/Clerk

363 Highland Avenue

Fall River, Massachusetts 02720

Filing Fee \$50.00

Form 31 1/85

73701

CK# 1/6.199 177.6h# 45 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	<u> </u>	Annual Report for	r the year
FIRST: The name of	f the corporation is		west Initiatives The
Second: It is incorp	porated under the laws of	Massachusetts	
THIRD: Character o	f business, briefly stated, is	to contract with	employers to have Worker
employces			ervices provided to thei
Massachusetts 02	2720	, .	
Fifth: Business add	ress in Rhode Island 2700	Hospital Trust To	wer. Providence.
Rhode Island 029	03		······
SIXTH: Names and a	addresses of its directors and		(Attach rider if necessary) ing number, street, zip code)
See Attached L	ist Director		
	Director		
	Director	PA	NID.
••••••	President	JAN 3	0.1992
	Vice Presider	sec'y o	FSTATE
	_		
•••••	Treasurer	,	
SEVENTH: Number of	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
300,000	Common	N/A	\$1.00
Еібнтн: Number of	Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Common	N/A	\$1.00
Dated January		lealth Management	Initiatives, Inc.
(Report must be sig	·	tlePresident	

HEALTH MANAGEMENT INITIATIVES, INC. 1992 O<u>FFIC</u>ER<u>S</u>

Frederick C. Dreyer, Jr. C. Tod Allen John P. Gurney William A. Neilan Christine P. Cotsoridis	Name	N <u>ame</u> Frederic C. Dreyer, Jr. C. Tod Allen John P. Gurney William A. Neilan
Chairman President Executive Vice President Secretary/ Treasurer/Clerk Assistant Secretary/Clerk	Office	Office Director Director Director Director
363 Highland Avenue, Fall River,	Address	Address 363 Highland Avenue, Fall River,
MA MA		MA AM AM AM
02720 02720 02720 02720 02720		02720 02720 02720 02720 02720

Form 31 1/85

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	0045151	Annual Report for the	year 1991
First: The nam	ne of the corporation is	Health Managemen	t Initiatives, Inc.
SECOND: It is in	corporated under the laws o	f Massachusetts	
THIRD: Charact	er of business, briefly stated,	istomanageand.providesex	vices to various
		s	
FOURTH: If fore	ign corporation, address of it	ts principal office c/o Charlton er, Massachusetts 02720	
FIFTH: Business	address in Rhode Island	Attorney Jeffrey Alexander	
2700 Но	spital Trust Tower, Pro	ovidence, Rhode Island 02903	3
SIXTH: Names a	nd addresses of its directors		(Attach rider if necessary) mber, street, zip code)
Frederic C. Dreyer	r, Jr. Director (Chairman)	7 Karen's Way, Berkley	, Massachusetts
John P. Gurney	Director	1549 Morton Avenue, Ne	w Bedford, Massachusett
	Director		
C. Tod Allen	Presiden	t 20 South Drive, Middle	town, Rhode Island
	Vice Pre	sident	
William A. Neilan	Secretary	y 80 New Jersey Avenue,	Somerset, Massachusetts
Christine P. Cotso	Treasure pridis Asst Secretary, per of Shares authorized:	r 80 New Jersey Avenue. /Clerk 56 Bedlow Avenue, Ne	SomersetMassachusetts wport, Rhode Island Par Value or statement that
No of Shares	Class	Series	shares are without par value
100	Common	PAID	\$1.00 per share
Еіднтн: Numbe	r of Shares issued:	FE3 -1 1991	Par Value or statement that
No. of Shares	Class	CICY OF STATE	shares are without par value
100	Common		\$1.00 per share
Dated January 30 (Report must h	ne signed by an officer)	Health Management Initiat (Name of Corporation) By C. Tod Allen Title President	ives, Inc.

State of Rhode Island and Providence Plantations



CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0046181		Annual Report for the	year 4590	
First:	The name of the corpora	tion is	Health Kanassoent Initiatives. Inc.		
Second	: It is incorporated unde	er the laws of	Massachusetts		
THIRD:	Character of business, br	riefly stated, is	to manage and provid	le services to various	
typ	es of health care	providers	i		
Fourth	: If foreign corporation,	address of its p	rincipal office c/o Charlt	on Memorial Hospital	
363	Highland Avenue,	Fall Rive	r, Massachusetts 0272	20	
Г ігтн:	Business address in Rhod	le IslandAtt J	effrey Alexander,	2700 Hospital Trust	
Tow	er, Providence, R	hode Islan	d 02903		
SIXTH:	Names and addresses of i	its directors and	l officers: Address (including nu	(Attach rider if necessary)	
Frederic	C. Dreyer, Jr. (Chairman		7 Karen's Way, Berk	ley, MA	
John P.	Gurney	•	1549 Morton Avenue,	New Bedford, MA	
• • • • • • • • • • • • • • • • • • • •		Director			
C. Tod A	llen	President	20 South Drive, Mid	ldletown, RI 02840	
		Vice Preside	ent		
.William	A. Neilan	Secretary	80 New Jersey Avenu	ue, Sometset, MA	
William A	A. Neilan	Treasurer	do New Jersey Avenu	ie, Somerset, MA	
SEVENTH No. of Sh.			S	Par Value or statement that shares are without	
		mon	Series	par value \$1.00 per share	
			PAID	•	
Еібнтн:	Number of Shares issue	ed:	FEB 2 6 1990	Par Value or statement that	
No. of Sh	ares Clas	ss	Series	shares are without par value	
1	00 ··· Com	mon	SEC'Y, OF STATE	- · \$1.00 per share	
Dated Fe	oruary 14 [9	1	(Name of Corporation) By		
(R	eport must be signed by an offi	icer)	Title President		

State of Rhode Island and Providence Plantations Corporations division

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	046161	Annual Report for the ye	ar1888
First: The nam	e of the corporation is	Health Management In	itiatives. Inc
SECOND: It is in	corporated under the laws of	Massachusetts	
THIRD: Characte	er of business, briefly stated, i	sto manage and provide serv	rices to various
types	of health care provide	rs	
FOURTH: If fore	ign corporation, address of its	principal offices/oCharlton.Me	morial Hospital.
363 Н	ighland Avenue, Fall Ri	ver. Massachusetts 02720	······
FIFTH: Business	address in Rhode Island G/.	o Jeffery Alexander, 2700 Hos	pital Trust Tower
Provi	dence, Rhode Island 029	03	
SIXTH: Names a	nd addresses of its directors a	nd officers: Address (including numbe	(Attach rider if necessary) r, street, zip code)
•••••	Director	See Exhibit A attached h	eret.o.
	Director		•
•••••	Director		
Frederic C. Drey	er, Jr. President	7 Karen Way. Berkley Mas	sachusetts 02779
C. Tod Allen	Vice Pres	ident South Drive, Middletown,	Rhode Island 02840
John P. Gurney	Secretary	1549 Morton Avenue, New B	edford, MA 02745
William.ANeilar	Treasurer	.80NewJerseyAvenue,So	merset, MA02726
	per of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
700	Comon	8	1.00 per share
Еіднтн: Numbe	r of Shares issued:	Rec'd & Filed MAK (16 1989	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
100	Common -	. \$:	1.00 per share
Dated	3/3 19 89	Health Management Initiative (Name of Corporation) By	es, Inc.
(Report must b	e signed by an officer)	Title Secretary	

EXHIBIT A

Frederic C. Dreyer, Jr. 7 Karen Way, Berkley, MA 02779

C. Tod Allen

South Drive, Middletown, RI 02840

John P. Gurney

1549 Morton Ave., New Bedford, MA 02745

William A. Neilan

80 New Jersey Ave., Somerset, MA 02726