

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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 46181		2. Name of Corporation Health Management Initiatives, Inc.	
3. Street Address Principal Business Office 363 HIGHLAND AVENUE		City FALL RIVER	State MA
		Zip 02720	
4. Business Phone No. 5089615037		5. State of Incorporation MASSACHUSETTS	
6. SIC Code 9886			
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE AND PROVIDE SERVICES TO VARIOUS TYPES OF HEALTHCARE PROVIDERS			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John B. Day		Vice President Name Daniel E. Bogan	
Street Address 37 Myles Standish Drive		Street Address 659 Pearce Street	
City North Dartmouth	State MA	Zip 02747	City Fall River
			State MA
			Zip 02720
Secretary Name Joseph C. Raposo		Treasurer Name William E. Grigg	
Street Address 110 Rhode Island Avenue		Street Address 14 Marial Drive	
City Somerset	State MA	Zip 02726	City So. Dartmouth
			State MA
			Zip 02748
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Daniel J. Burns		Director Name Thomas Murray	
Street Address 143 Bourn Avenue		Street Address 2500 County Street	
City Somerset	State MA	Zip 02726	City Somerset
			State MA
			Zip 02726
Director Name Peter D. Kane, CPA		Director Name	
Street Address 297 Water Street, #A-4		Street Address	
City Portsmouth	State RI	Zip 02871	City
			State
			Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
300,000 COMM \$1.00 PAR VALUE			100
			common
			\$1.00

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



46181 FBC 04/21/05 09:40:51 AM

FILED

File Date
APR 28 2005 606(67)

Check No.

By LB

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer William E. Grigg Date 4/21/2005

Print or Type Name of Officer
William E. Grigg

Treasurer

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 46181		2. Name of Corporation Health Management Initiatives, Inc.			
3. Street Address Principal Business Office 363 Highland Avenue			City Fall River	State MA	Zip 02720
4. Business Phone No. (508) 961-5037		5. State of Incorporation MASSACHUSETTS			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANAGE AND PROVIDE SERVICES TO VARIOUS TYPES OF HEALTHCARE PROVIDERS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John B. Day			Vice President Name Daniel E. Bogan		
Street Address 37 Myles Standish Drive			Street Address 659 Pearce Street		
City North Dartmouth	State MA	Zip 02747	City Fall River	State MA	Zip 02720
Secretary Name Joseph C. Raposo			Treasurer Name Linda A. Bodenmann		
Street Address 110 Rhode Island Avenue			Street Address 432 Pine Street		
City Somerset	State MA	Zip 02726	City Marshfield	State MA	Zip 02750
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel J. Burns			Director Name Thomas Murray		
Street Address 18 Millard Street			Street Address 2500 County Street		
City Fall River	State MA	Zip 02720	City Somerset	State MA	Zip 02726
Director Name Peter D. Kane, CPA			Director Name		
Street Address 297 Water Street, #A-4			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300,000 COMM \$1.00 PAR VALUE			100	common	\$1.00

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



* 4 6 1 8 1 *

File Date	2.2.04
Check No.	1024
By:	Q
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.

Linda A. Bodenmann **1-27-04**
Signature of Officer Date

Linda A. Bodenmann
Print or Type Name of Officer
Treasurer

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

46181

Health Management Initiatives, Inc.

3. Street Address Principal Business Office

363 Highland Avenue

City

Fall River

State

MA

Zip

02720

4. Business Phone No

(508) 961-5037

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

9886

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

To manage and provide services to various types of healthcare providers.

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

President Name

John B. Day

Vice President Name

Daniel E. Bogan

Street Address

37 Myles Standish Drive

Street Address

659 Pearce Street

City

North Dartmouth

State

MA

Zip

02747

City

Fall River

State

MA

Zip

02720

Secretary Name

Joseph C. Raposo

Treasurer Name

Linda A. Bodenmann

Street Address

110 Rhode Island Avenue

Street Address

432 Pine Street

City

Somerset

State

MA

Zip

02726

City

Marshfield

State

MA

Zip

02750

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

Director Name

Daniel J. Burns

Director Name

Lee A. Sunderland

Street Address

18 Millard Street

Street Address

55 Riverscape Lane

City

Fall River

State

MA

Zip

02720

City

Tiverton

State

RI

Zip

02878

Director Name

Peter D. Kane, CPA

Director Name

Thomas Murray

Street Address

297 Water Street, #A-4

Street Address

2500 County Street

City

Portsmouth

State

RI

Zip

02871

City

Somerset

State

MA

Zip

02726

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

300,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1.00

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



* 4 6 1 8 1 *

File Date

2/25/03

Check No.

000087

By

FOR SECRETARY OF STATE USE ONLY

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

Linda Bodenmann
Signature of Officer

2/20/03
Date

Linda A. Bodenmann

Print or Type Name of Officer

Treasurer

Title of Officer



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

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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

46181

2. Name of Corporation

Health Management Initiatives, Inc.

3. Street Address Principal Business Office

363 Highland Avenue

City

Fall River

State

MA

Zip

02720

4. Business Phone No.

(508) 961-5037

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

9886

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

To manage and provide services to various types of healthcare providers.

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

President Name

John B. Day

Vice President Name

Daniel E. Bogan

Street Address

37 Myles Standish Drive

Street Address

659 Pearce Street

City

North Dartmouth

State

MA

Zip

02747

City

Fall River

State

MA

Zip

02720

Secretary Name

Joseph C. Raposo

Treasurer Name

Linda A. Bodenmann

Street Address

110 Rhode Island Avenue

Street Address

432 Pine Street

City

Somerset

State

MA

Zip

02726

City

Marshfield

State

MA

Zip

02750

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

Director Name

Daniel J. Burns

Director Name

Lee A. Sunderland

Street Address

18 Millard Street

Street Address

55 Riverscape Lane

City

Fall River

State

MA

Zip

02720

City

Tiverton

State

RI

Zip

02878

Director Name

Peter D. Kane, CPA

Director Name

Thomas Murray

Street Address

297 Water Street, #A-4

Street Address

2500 County Street

City

Portsmouth

State

RI

Zip

02871

City

Somerset

State

MA

Zip

02726

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

300,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

\$1.00

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



* 4 6 1 8 1 *

File Date:

2/1/02
000039
NE

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

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

Linda A. Bodenmann 1/28/02
Signature of Officer Date

Linda A. Bodenmann

Print or Type Name of Officer

Treasurer

Title of Officer



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

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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **46181** 2. Name of Corporation **Health Management Initiatives, Inc.**

3. Street Address Principal Business Office **363 Highland Avenue** City **Fall River** State **MA** Zip **02720**
4. Business Phone No. **(508) 961-5037** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **9888**

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

To manage and provide services to various types of healthcare providers.

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

President Name John B. Day Street Address 37 Myles Standish Drive City North Dartmouth State MA Zip 02747	Vice President Name Daniel E. Bogan Street Address 659 Pearce Street City Fall River State MA Zip 02720
Secretary Name Joseph C. Raposo Street Address 110 Rhode Island Avenue City Somerset State MA Zip 02726	Treasurer Name Linda A. Bodenmann Street Address 432 Pine Street City Marshfield State MA Zip 02750

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

Director Name Daniel J. Burns Street Address 18 Millard Street City Fall River State MA Zip 02720	Director Name Russell Guerreiro Street Address 23 Dower Drive City North Dartmouth State MA Zip 02747
Director Name Peter D. Kane, CPA Street Address 297 Water Street, #A-4 City Portsmouth State RI Zip 02871	Director Name Thomas Murray Street Address 2500 County Street City Somerset State MA Zip 02726

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	300.000	common	\$1.00

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	common	\$1.00

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



* 4 6 1 8 1 *

FILED

File Date **FEB 05 2001**

Check No. **CC1024**

By _____

FOR SECRETARY OF STATE USE ONLY

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

Linda A. Bodenmann 1/29/01
Signature of Officer Date

Linda A. Bodenmann
Print or Type Name of Officer

Treasurer
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **46181** 2. Name of Corporation **Health Management Initiatives, Inc.**
3. Street Address Principal Business Office **363 Highland Avenue** City **Fall River** State **MA** Zip **02720**
4. Business Phone No. **(508) 961-5037** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **9886**

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

To manage and provide services to various types of healthcare providers

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

President Name John B. Day Street Address 37 Myles Standish Drive City North Dartmouth State MA Zip 02747 Secretary Name Linda A. Bodenmann Street Address 432 Pine Street City Marshfield State MA Zip 02750	Vice President Name Daniel E. Bogan Street Address 659 Pearce Street City Fall River State MA Zip 02720 Treasurer Name Linda A. Bodenmann Street Address 432 Pine Street City Marshfield State MA Zip 02750
--	--

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

Director Name Daniel J. Burns Street Address 18 Millard Street City Fall River State MA Zip 02720 Director Name Peter D. Kane, CPA Street Address 297 Water Street, #A-4 City Portsmouth State RI Zip 02871	Director Name Russell Guerreiro Street Address 23 Dower Drive City North Dartmouth State MA Zip 02747 Director Name Thomas Murray Street Address 2500 County Street City Somerset State MA Zip 02726
--	---

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
300,000	common	\$1.00

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	\$1.00

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



* 4 6 1 8 1 *

File Date: 1/18/00

Check No.: 1898

By: C

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.

Linda A. Bodenmann 1/6/00
Signature of Officer Date

Linda A. Bodenmann

Print or Type Name of Officer

Treasurer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 46181 2. Name of Corporation Health Management Initiative, Inc.
3. Street Address Principal Business Office 363 Highland Ave City Fall River State MA Zip 02720
4. Business Phone No. (508) 961-5037 5. State of Incorporation Massachusetts 6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island
To manage and provide services to various types of Healthcare providers

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

President Name				Vice President Name			
<u>John B. Day</u>				<u>C. Todd Allen</u>			
Street Address				Street Address			
<u>101 Page St.</u>				<u>101 Page Street</u>			
City	State	Zip		City	State	Zip	
<u>New Bedford</u>	<u>MA</u>	<u>02740</u>		<u>New Bedford</u>	<u>MA</u>	<u>02740</u>	
Secretary Name				Treasurer Name			
<u>Linda Bodenmann</u>				<u>Linda Bodenmann</u>			
Street Address				Street Address			
<u>101 Page Street</u>				<u>101 Page Street</u>			
City	State	Zip		City	State	Zip	
<u>New Bedford</u>	<u>MA</u>	<u>02740</u>		<u>New Bedford</u>	<u>MA</u>	<u>02740</u>	

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

Director Name				Director Name			
<u>Daniel E. Bogan</u>				<u>Russell Guerreiro</u>			
Street Address				Street Address			
<u>363 Highland Ave</u>				<u>363 Highland Ave</u>			
City	State	Zip		City	State	Zip	
<u>Fall River</u>	<u>MA</u>	<u>02720</u>		<u>Fall River</u>	<u>MA</u>	<u>02720</u>	
Director Name				Director Name			
<u>Daniel J. Burns</u>				<u>Peter D. Kane CPA</u>			
Street Address				Street Address			
<u>363 Highland Ave</u>				<u>363 Highland Ave</u>			
City	State	Zip		City	State	Zip	
<u>Fall River</u>	<u>MA</u>	<u>02720</u>		<u>Fall River</u>	<u>MA</u>	<u>02720</u>	

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

Number of Shares	Class/Series	Par Value
<u>300,000</u>	<u>common</u>	<u>1.00</u>

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

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>common</u>	<u>1.00</u>

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

File Date: 7-14-99

Check No: 1872

By: AMF

FOR SECRETARY OF STATE USE ONLY

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

Linda Bodenmann 7/8/99
Signature of Officer Date

Linda Bodenmann
Print or Type Name of Officer

Treasurer
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

46181

Health Management Initiatives, Inc.

3. Street Address Principal Business Office

363 Highland Avenue

Fall River

State

MA

Zip

02720

4. Business Phone No.

5. State of Incorporation

(508) 679-7009

MASSACHUSETTS

6. SIC Code

9886

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

To manage + provide services to various types of healthcare providers

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

President Name

John B. Day

Street Address

101 Page Street

City

New Bedford

State

MA

Zip

02740

Secretary Name

William G. Heaney

Street Address

363 Highland Avenue

City

Fall River

State

MA

Zip

02720

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

Director Name

Daniel E. Bosan

Street Address

363 Highland Avenue

City

Fall River

State

MA

Zip

02720

Director Name

Daniel E. Burns

Street Address

363 Highland Ave.

City

Fall River

State

MA

Zip

02720

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

300,000

Common

\$ 1.00

Vice President Name

C. Tod Allen

Street Address

101 Page Street

City

New Bedford

State

MA

Zip

02740

Treasurer Name

William G. Heaney

Street Address

363 Highland Avenue

City

Fall River

State

MA

Zip

02720

Director Name

Tracy R. Greene

Street Address

363 Highland Ave

City

Fall River

State

MA

Zip

02720

Director Name

Russell Guerriero

Street Address

363 Highland Ave.

City

Fall River

State

MA

Zip

02720

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$ 1.00

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



* 4 6 1 - 8 1 *

File Date:

1-20-98
1801
10P

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

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

Linda Bodenmann

Signature of Officer

1/13/98

Date

Linda Bodenmann

Print or Type Name of Officer

ASST. Treasurer

Title 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
363 Highland Avenue
Fall River, MA 02720

Russell Guerriero
363 Highland Avenue
Fall River, MA 02720

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

Thomas Murray
363 Highland Avenue
Fall River, MA 02720

Joseph Raposo
363 Highland Avenue
Fall River, MA 02720

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



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

46181 Health Management Initiatives, Inc.

3. Street Address Principal Business Office

363 Highland Avenue

City

Fall River

State

MA

Zip

02720

4. Business Phone No.

(508) 679-7003

5. State of Incorporation

Massachusetts

6. SIC Code

9886

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

Out-patient provider of health care services.

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

President Name

John B. Day

Street Address

363 Highland Avenue

City State Zip

Fall River MA 02720

Secretary Name

William G. Heaney

Street Address

363 Highland Avenue

City State Zip

Fall River MA 02720

Vice President Name

C. Todd Allen, Executive Vice-President

Street Address

363 Highland Avenue

City State Zip

Fall River MA 02720

Treasurer Name

William G. Heaney

Street Address

363 Highland Avenue

City State Zip

Fall River MA 02720

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

Director Name

Daniel E. Bogan

Street Address

363 Highland Avenue

City State Zip

Fall River MA 02720

Director Name

Daniel J. Burns

Street Address

363 Highland Avenue

City State Zip

Fall River MA 02720

Director Name

Russell Guerreiro

Street Address

363 Highland Avenue

City State Zip

Fall River MA 02720

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

300,000 Common \$1.00

ISSUED SHARES

Number of Shares Class/Series Par Value

100 Common \$1.00

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

File Date: 8/12/97 16:11:33

Check No.: 1769

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

John B. Day July 31, 1997
Signature of Officer Date

John B. Day
Print or Type Name of Officer

President
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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO		2. NAME OF CORPORATION	
46181		Health Management Initiatives, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		4. CITY	5. STATE
363 Highland Avenue		Fall River	MA
6. ZIP CODE		7. SIC CODE	
02720		9886	
4. BUSINESS PHONE NO		5. STATE OF INCORPORATION	
(508) 679-7009		MASSACHUSETTS	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND			
Out-patient provider of health-care services			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME		VICE PRESIDENT NAME	
C. Tod Allen		John P. Gurney, Executive Vice President	
STREET ADDRESS		STREET ADDRESS	
363 Highland Avenue		363 Highland Avenue	
CITY	STATE	CITY	STATE
Fall River	MA	Fall River	MA
ZIP CODE		ZIP CODE	
02720		02720	
SECRETARY NAME		TREASURER NAME	
William G. Heaney		William G. Heaney	
STREET ADDRESS		STREET ADDRESS	
363 Highland Avenue		363 Highland Avenue	
CITY	STATE	CITY	STATE
Fall River	MA	Fall River	MA
ZIP CODE		ZIP CODE	
02720		02720	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
John M. Almeida, CPA		Daniel E. Bogan	
STREET ADDRESS		STREET ADDRESS	
363 Highland Avenue		363 Highland Avenue	
CITY	STATE	CITY	STATE
Fall River	MA	Fall River	MA
ZIP CODE		ZIP CODE	
02720		02720	
DIRECTOR NAME		DIRECTOR NAME	
Daniel J. Burns		Frederick C. Dreyer, Jr.	
STREET ADDRESS		STREET ADDRESS	
363 Highland Avenue		363 Highland Avenue	
CITY	STATE	CITY	STATE
Fall River	MA	Fall River	MA
ZIP CODE		ZIP CODE	
02720		02720	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED 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

*SEE ATTACHED SHEET FOR ADDITIONAL NAMES OF DIRECTORS

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: 3/6/96
Check No: 1635
By: CP
For Secretary of State Use Only

Signature of Officer: *C. Tod Allen*
C. Tod Allen
Print or Type Name of Officer
President
Title of Officer
Date: 3/31/96

Names and Addresses of the Directors (continued)

C. Tod Allen
363 Highland Avenue
Fall 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



ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0016181

Annual Report for the year: 1995

Name of Corporation: Health Management Initiatives, Inc.

Business entity organized under the laws of the State of: Massachusetts

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

363 Highland Avenue
Fall River, MA 02720

Phone: (508) 679-3131

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

2700 Hospital Trust Tower
Providence, RI 02903

Phone: (401) 276-6555

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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

To contract with employers to have worker's
compensation and other related employee
health care services provided to their
employees.

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT C. Tod Allen	363 Highland Avenue	Fall River, MA	02720
VICE PRESIDENT John P. Gurney	363 Highland Avenue	Fall River, MA	02720
SECRETARY William G. Heaney	363 Highland Avenue	Fall River, MA	02720
TREASURER William G. Heaney	363 Highland Avenue	Fall River, MA	02720

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
C. Tod Allen	363 Highland Avenue	Fall River, MA	02720
John M. Almeida	363 Highland Avenue	Fall River, MA	02720

See Exhibit A attached hereto and incorporated herein by reference.

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 300,000 Class / Series Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 100 Class / Series Common

Date January 31, 1995

By:

C. Tod Allen

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

CHARLES M. DEBORDIERE, SR.
2700 HOSPITAL TRUST TOWER
PROVIDENCE, RI 02903

401556

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 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
Payable to:
Secretary of State

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

File Annually
DD: Sept. 1 - Nov. 1
DDP: Jan. 1 - March 1

Corporate ID: 0046181 Annual Report for the year: 1994

Name of Business Entity: Health Management Initiatives, Inc.

Business organized under the laws of the State of:
Rhode Island

Federal Taxpayer I.D. Number: [REDACTED]

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

261 Highland Avenue

Fall River, MA 02720

Phone: (508) 639-2121

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

2700 Hospital Trust Tower

Providence, RI 02903

Phone: (401) 276-6555

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

☐ Limited Liability Company (See RIGL 7-16)

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

Mr. C. Ted Allen, President

Health Management Initiatives, Inc.

261 Highland Avenue

Fall River, MA 02720

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

To contract with employees to have worker's compensation and other related employee health care services provided to their employees.

Date of Organization: _____

Date of Qualification to do business in Rhode Island (if foreign entity): March 2, 1988

THE NAMES OF THE OFFICERS ARE:

(1) CHIEF EXECUTIVE OFFICER OR (X) PRESIDENT (check one)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>C. Ted Allen</u>	<u>363 Highland Avenue</u>	<u>Fall River MA</u>	<u>02720</u>
(2) CHIEF OPERATING OFFICER OR (X) EXECUTIVE VICE PRESIDENT (check one)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>John P. Gurney</u>	<u>363 Highland Avenue</u>	<u>Fall River MA</u>	<u>02720</u>
(3) CLERK OF RECORDS OR (X) SECRETARY (check one)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>William A. Neilan</u>	<u>363 Highland Avenue</u>	<u>Fall River MA</u>	<u>02720</u>
(4) CHIEF FINANCIAL OFFICER OR (X) TREASURER (check one)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>William A. Neilan</u>	<u>363 Highland Avenue</u>	<u>Fall River MA</u>	<u>02720</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>C. Ted Allen</u>	<u>363 Highland Avenue</u>	<u>Fall River MA</u>	<u>02720</u>
<u>John A. Almeida</u>	<u>363 Highland Avenue</u>	<u>Fall River MA</u>	<u>02720</u>

See Exhibit A attached hereto and incorporated herein by reference.

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 300,000

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

CLASS Common

SERIES

SERIES

PAR VALUE OR

WITHOUT PAR \$1.00

PAR VALUE OR

WITHOUT PAR \$1.00

Date March 28, 1994

By: [Signature]

C. Ted Allen

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

FORM 32 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form 1001 must be filed.

Charles H. DeBevoise, Esq.
Edwards & Angell
2700 Hospital Trust Tower
Providence, RI 02903

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

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0045181..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....Health Management Initiatives, Inc.....

SECOND: It is incorporated under the laws of.....Massachusetts.....

THIRD: Character of business, briefly stated, is.....to contract with employees to have workers' compensation and other related employee health care services provided to their employees.....

FOURTH: If foreign corporation, address of its principal office.....363 Highland Avenue, Fall River, Massachusetts 02720.....

FIFTH: Business address in Rhode Island.....2700 Hospital Trust Tower, Providence, Rhode Island 02903.....

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

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 authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300,000

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

Rec'd & Filed

MAR 03 1993

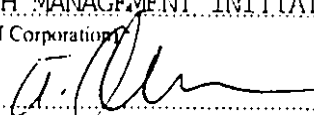
AMT#29
48388

Dated.....February.....19 93.....

HEALTH MANAGEMENT INITIATIVES, INC.

(Name of Corporation)

By.....



Title.....President.....

(Report must be signed by an officer)

EXHIBIT A

**1993 RHODE ISLAND ANNUAL REPORT
HEALTH MANAGEMENT INITIATIVES, INC.**

DIRECTORS

<u>Name:</u>	<u>Address:</u>
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	363 Highland Avenue Fall River, Massachusetts 02720
C. Tod Allen President	363 Highland Avenue Fall River, Massachusetts 02720
John P. Gurney Executive Vice President	363 Highland Avenue Fall River, Massachusetts 02720
William A. Neilan Secretary/Treasurer/Clerk	363 Highland Avenue Fall River, Massachusetts 02720
Christine P. Cotsoridis Assistant Secretary/Clerk	363 Highland Avenue Fall River, Massachusetts 02720

Filing Fee \$50.00

73701

CK# 116199

MB# 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 0045191

Annual Report for the year 1990

FIRST: The name of the corporation is Health Management Initiatives, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is to contract with employers to have Worker's Compensation and other related employee health care services provided to their employees

FOURTH: If foreign corporation, address of its principal office 363 Highland Avenue, Fall River, Massachusetts 02720

FIFTH: Business address in Rhode Island 2700 Hospital Trust Tower, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

See Attached List Director

Director

Director

President

Vice President

Secretary

Treasurer

PAID

JAN 30 1992

SECY OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300,000

Common

N/A

\$1.00

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

N/A

\$1.00

Dated January 19 92

Health Management Initiatives, Inc.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

HEALTH MANAGEMENT INITIATIVES, INC.
1992
OFFICERS

<u>Name</u>	<u>Office</u>	<u>Address</u>
Frederic C. Dreyer, Jr.	Director	363 Highland Avenue, Fall River, MA 02720
C. Tod Allen	Director	363 Highland Avenue, Fall River, MA 02720
John P. Gurney	Director	363 Highland Avenue, Fall River, MA 02720
William A. Neilan	Director	363 Highland Avenue, Fall River, MA 02720

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

SS

Corporate ID 0046181

Annual Report for the year 1991

FIRST: The name of the corporation is Health Management Initiatives, Inc.

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is to manage and provide services to various
types of health care providersFOURTH: If foreign corporation, address of its principal office c/o Charlton Memorial Hospital
363 Highland Avenue, Fall River, Massachusetts 02720FIFTH: Business address in Rhode Island Attorney Jeffrey Alexander
2700 Hospital Trust Tower, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Frederic C. Dreyer, Jr. (Chairman)	Director	7 Karen's Way, Berkley, Massachusetts
John P. Gurney	Director	1549 Morton Avenue, New Bedford, Massachusetts
	Director	
C. Tod Allen	President	20 South Drive, Middletown, Rhode Island
---	Vice President	
William A. Neilan	Secretary	80 New Jersey Avenue, Somerset, Massachusetts
William A. Neilan	Treasurer	80 New Jersey Avenue, Somerset, Massachusetts
Christine P. Cotsoridis	Asst Secretary/Clerk	56 Bedlow Avenue, Newport, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

\$1.00 per share

PAID

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

\$1.00 per share

FEB - 1 1991

OFFICE OF STATE

Dated January 30 19 91

Health Management Initiatives, Inc.

(Name of Corporation)

By

C. Tod Allen

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

DC

Corporate ID 0016181 Annual Report for the year 1990FIRST: The name of the corporation is Health Management Initiatives, Inc.SECOND: It is incorporated under the laws of MassachusettsTHIRD: Character of business, briefly stated, is to manage and provide services to various types of health care providersFOURTH: If foreign corporation, address of its principal office c/o Charlton Memorial Hospital
363 Highland Avenue, Fall River, Massachusetts 02720FIFTH: Business address in Rhode Island Att Jeffrey Alexander, 2700 Hospital Trust
Tower, Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Frederic C. Dreyer, Jr. (Chairman)	Director	7 Karen's Way, Berkley, MA
John P. Gurney	Director	1549 Morton Avenue, New Bedford, MA
	Director	
C. Tod Allen	President	20 South Drive, Middletown, RI 02840
----	Vice President	
William A. Neilan	Secretary	80 New Jersey Avenue, Somerset, MA
William A. Neilan	Treasurer	80 New Jersey Avenue, Somerset, MA

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

\$1.00 per share

PAID

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

100

Common

\$1.00 per share

FEB 26 1990

SECY. OF STATE

Dated February 14 19 90

(Name of Corporation)

By

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046181

Annual Report for the year 1989

FIRST: The name of the corporation is Health Management Initiatives, Inc

SECOND: It is incorporated under the laws of Massachusetts

THIRD: Character of business, briefly stated, is to manage and provide services to various
types of health care providers

FOURTH: If foreign corporation, address of its principal office c/o Charlton Memorial Hospital,
363 Highland Avenue, Fall River, Massachusetts 02720

FIFTH: Business address in Rhode Island c/o Jeffery Alexander, 2700 Hospital Trust Tower,
Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	See Exhibit A attached hereto
	Director	
	Director	
Frederic C. Dreyer, Jr.	President	7 Karen Way, Berkley Massachusetts 02779
C. Tod Allen	Vice President	South Drive, Middletown, Rhode Island 02840
John P. Gurney	Secretary	1549 Morton Avenue, New Bedford, MA 02745
William A. Neilan	Treasurer	80 New Jersey Avenue, Somerset, MA 02726

SEVENTH: Number of Shares authorized:

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

Rec'd & Filed MAR 06 1989

EIGHTH: Number of Shares issued:

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

Dated 3/3 19 89

Health Management Initiatives, Inc.
(Name of Corporation)

By John P. Gurney

Title Secretary

(Report must be signed by an officer)

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