



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 02903-1535
401 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 103189		2. Name of Corporation Dr. Kenneth J. Morrissey, M.D., Professional Corporation			
3. Street Address (Principal Business Office) 1150 Reservoir Avenue Suite 200			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-944-8700		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF MEDICINE AND RELATED ANCILLARY MATTERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth J. Morrissey M.D.			Vice President Name Same		
Street Address 1150 Reservoir Avenue Suite 200			Street Address Same		
City Cranston	State RI	Zip 02920	City Same	State Same	Zip Same
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth J. Morrissey, M.D.			Director Name N/A		
Street Address 1150 Reservoir Avenue, Suite 200			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		1		

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



File Date **FILED**
Check No. **MAR 01 2005 4948**
By **KB**
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 *Kenneth J. Morrissey* (2/17/05)
Date: _____
Kenneth J. Morrissey M.D.
Print or Type Name of Officer
President
Title of Officer



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. 103189		2. Name of Corporation Dr. Kenneth J. Morrissey, M.D., Professional Corporation			
3. Street Address Principal Business Office 1150 Reservoir Ave Suite 200			City Cranston	State R.I.	Zip 02920
4. Business Phone No. 944-8700		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	

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

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

President Name Kenneth J. Morrissey, M.D.			Vice President Name		
Street Address 1150 Reservoir Ave			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Kenneth J. Morrissey, M.D.			Treasurer Name Kenneth J. Morrissey, M.D.		
Street Address 1150 Reservoir Ave Suite 200			Street Address 1150 Reservoir Ave Suite 200		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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

Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	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
1,000	NO PAR VALUE		100		NO PAR

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

File Date _____
Check No. AUG 30 2004
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 8/26/04
Kenneth J. Morrissey, M.D.
Print or Type Name of Officer
President
Title of Officer



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. **103189** 2. Name of Corporation **Dr. Kenneth J. Morrissey, M.D., Professional Corporation**
3. Street Address Principal Business Office **1150 RESERVOIR AVE SUITE 200 CRANSTON RI 02920**
4. Business Phone No. **944-8700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

7. Brief Description of the Character of Business Conducted in Rhode Island
Physician's Office

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

President Name Kenneth J. Morrissey, M.D.	Vice President Name
Street Address 1150 RESERVOIR AVE SUITE 200	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name Kenneth J. Morrissey, M.D.	Treasurer Name Kenneth J. Morrissey, M.D.
Street Address Same	Street Address Same
City State Zip	City State Zip

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

Director Name NONE	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		No Par

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

ISSUED SHARES	Class/Series	Par Value
100		No Par

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



* 1 0 3 1 8 9 *

File Date: 4-7-03
Check No.: 3708
By: ICP

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: [Signature] Date: 2/23/03
Print or Type Name of Officer: Kenneth J. Morrissey, M.D.
Title of Officer: PRESIDENT



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. **103189** 2. Name of Corporation **Dr. Kenneth J. Morrissey, M.D., Professional Corporation**
3. Street Address Principal Business Office **1150 Reservoir Avenue, Suite 200** City **Cranston** State **RI** Zip **02920**
4. Business Phone No **401-944-8700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island **Orthopedic Surgeon**

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

President Name Kenneth J. Morrissey, MD	Vice President Name Same
Street Address 1150 Reservoir Avenue, Suite 200	Street Address Same
City Cranston State RI Zip 02920	City Same State RI Zip 02920
Secretary Name N/A	Treasurer Name N/A
Street Address N/A	Street Address N/A
City N/A State RI Zip 02920	City N/A State RI Zip 02920

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

Director Name Kenneth J. Morrissey, MD	Director Name N/A
Street Address 1150 Reservoir Avenue, Suite 200	Street Address N/A
City Cranston State RI Zip 02920	City N/A State RI Zip 02920
Director Name N/A	Director Name N/A
Street Address N/A	Street Address N/A
City N/A State RI Zip 02920	City N/A State RI Zip 02920

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1

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



File Date: 2-25-02
Check No: 3039
By: KMC

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: [Signature] Date: 2/18/02
Print or Type Name of Officer: Kenneth J. Morrissey, MD
Title of Officer: President



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103189** 2. Name of Corporation **Dr. Kenneth J. Morrissey, M.D., Professional Corporation**
3. Street Address Principal Business Office **1150 Reservoir Avenue, Ste. 200** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-944-8700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9211**

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

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

President Name Kenneth J. Morrissey	Vice President Name Same
Street Address 1150 Reservoir Avenue, Ste. 200	Street Address Same
City State Zip Cranston RI 02920	City State Zip Same
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Kenneth J. Morrissey, MD	Director Name N/A
Street Address 1150 Reservoir Avenue, Ste. 200	Street Address
City State Zip Cranston RI 02920	City State Zip
Director Name N/A	Director Name N/A
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 1 0 3 1 8 9 *

File Date 9-21-01
Check No. 2325
By [Signature]

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 [Signature] Date 1/20/01
Print or Type Name of Officer KENNETH J. MORRISSEY
Title of Officer PRESIDENT



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. **103189** 2. Name of Corporation **Dr. Kenneth J. Morrissey, M.D., Professional Corporation**
3. Street Address Principal Business Office **1150 Reservoir Ave** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-944-8700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island
Orthopedic Surgeon

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

President Name Kenneth J. Morrissey	Vice President Name Same
Street Address 1150 Reservoir Avenue	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Kenneth J. Morrissey, MD	Director Name N/A
Street Address 1150 Reservoir Avenue	Street Address
City Cranston State RI Zip 02920	City State Zip
Director Name N/A	Director Name N/A
Street Address	Street Address
City State Zip	City State Zip

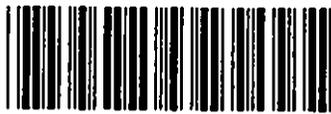
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1

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



* 1 0 3 1 8 9 *

File Date: 3/1/00
Check No.: 1705
By: ec

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 Kenneth J. Morrissey Date 1/31/00
Printed Type Name of Officer Kenneth J. Morrissey M.D. PC
Title of Officer President



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. **103189** 2. Name of Corporation **Dr. Kenneth J. Morrissey, M.D., Professional Corporation**

3. Street Address Principal Business Office
1150 Reservoir Ave City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **401-944-8700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

Orthopedic Surgeon

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

President Name Kenneth J. Morrissey	Vice President Name Same
Street Address 1150 Reservoir Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Secretary Name Same	Treasurer Name Same
Street Address	Street Address
City State Zip	City State Zip

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

Director Name Kenneth J. Morrissey, MD	Director Name N/A
Street Address 1150 Reservoir Avenue	Street Address
City State Zip Cranston RI 02920	City State Zip
Director Name N/A	Director Name N/A
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1		

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



* 1 0 3 1 8 9 *

File Date: 04-12-99

Check No.: 1159

By: JD

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.

Kenneth J. Morrissey 4/5/99
Signature of Officer Date

Kenneth J. Morrissey MD
Print or Type Name of Officer

President
Title of Officer