

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

	NANNUAL REPORT FOR THE YEAR	2005
Filing Period: January 1 - March 1 •	Filing Fee: \$50.00	

(FORM MUST BE TYPED I					
1. Corporate ID No.	2. Name of Corpor				
3086		or Orthopaedics, In	C.		
3. Street Address Principal B			City	State	Zip
1524 ATWOOD AVE	•		JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorpora	atlon	· · · · · · · · · · · · · · · · · · ·	6. SIC Code
4013516200		RHODE ISLA	ND		9217
7. Brief Description of the Ci TO ENGAGE IN THE	haracter of Business Conc PRACTICE OF MED:	lucted in Rhode Island ICINB			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("\2" ROY FOR	ATTACHMENT) FILL IN SI	DACES DEEODE HEING A	TTA CHARRING
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A. Robert Buonar	no,M.D.		. David A Moss, I	M.D.	
Street Address			*Sireci Address		
1524 Atwood Aver	nue		.1524 Atwood Av	enue	
City	State	Zip	City	State	Zip
Providence	RI	02919	Johnston	RI	02905
Secretary Name			Treasurer Name		· · · · · · · · · · · · · · · · · · ·
A. Robert Buonar	no,M.D.		David A Moss, N	1.D.	
Street Address			* Street Address		
1524 Atwood Aver	nue		.1524 Atwood Ave	enue	
City	State	Zip	City	State	Zip
Johnston	RI	02905	. Johnston	RI	02905
9. NAMES AND ADDR	ESSES OF THE DIRI	ECTORS ("X" BOX FO	OR ATTACHMENT) . FILL IN	SPACES BEFORE USING	ATTACHMENTS
Director Name			Director Name		
A. Robert Buonar	nno, M.D.		<u></u>		
Street Address			-Street Address		
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City	State	Zip	·Ciŋ·	State	Zip
Johnston	. JRI	02905			
Director Name			* Director Name		
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This report must be sig	ned in ink by eithe	r the President, Vice	President, Secretary, Assi.	stant Secretary, Treas	urer, Receiver or Trustee
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				g any accompanying sche	
3086 DBC 01/26/05	6 02:53:32 PM		and that an statemer	nts contained herein are to	we and correct.
File Date_ 2 8 C	2c			Xes /	
	,	·	Signature of Office	V	Date Date
Check No. 355	4	_		Buonanno,M.D.	
۸ ۱	•		Print or Type Name of		
B_{y} . V .		.	President		
FOR SECRETARY OF STA	TE USE ONLY		Title of Officer		Union 620 12/01
		J	rine of Officer		Form 630 12/01



Check No.

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BLACK)

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

1. Corporate ID No.	2. Name of Con		·		····		
3086	The Cente	r for Orthopaedics, Inc					
3. Street Address Principal	l Business Office		City	State	Zip		
1524 ATWOOD AV	/E.		JOHNSTON	RI	02919		
4. Business Phone No.		5. State of Incorporat	ion		6. SIC Code		
401 351-6200 RHODE ISLAND				9217			
7. Brief Description of the	Character of Business C	onducted in Rhode Island					
TO ENGAGE IN THE	3 PRACTICE OF M	EDICINE					
8. NAMES AND ADD	RESSES OF THE O	KETCERS A-V" ROY KAR	TTACHMENT FUL IN S	D. C.PO AUPONE CONC.	The College Company		
President Name	ALCOLO OF THE O	PRICERS (& BUX PUX)	Vice President Name	rac by before coing a	PIACHMENIS		
A. Robert Buona	anno, M.D.,		David A Moss,	M.D.			
Street Address			Street Address		···		
1524 Atwood Ave	enue		1524 Atwood Av	venue			
City	State	Zip	City	State	Zip		
Johnston	RI	02919	Johnston	RI	02919		
Secretary Name	• • • • • • • • • •	• • • • • • • • • • • • •	Treasurer Name	• • • • • • • • • • • • • • • • • • • •			
A. Robert Buona	anno,M.D.,		David A Moss,	M.D.			
Street Address			* Street Address	· · · · · · · · · · · · · · · · · · ·			
1524 Atwood Ave	enue		1524 Atwood Av	enue			
City	State	Zip	*City	State	Zip		
Johnston	RI	02919	. Johnston	RI	02919		
9. NAMES AND ADD	RESSES OF THE DI	REGIORS CX" BOX FOR	LIJO D TVARBANDKELAS	SPACES BEFORE: USING	ATTACHMENTS		
Director Name			Director Name		(despectation)		
A. Robert Buona	anno,M.D.		David A Moss,	David A Moss, M.D.			
Street Address			Street Address				
1524 Atwood Ave	enue		1524 Atwood Av	'enue			
City	State	Zip	·City	State	Zip		
Johnston	RI	02919	Johnston	RI	02919		
Director Name			Director Name				
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This report must be s	signed in ink by eit	her the President, Vice	President, Secretary, Ass	istant Secretary, Treasi	urer, Receiver or Trustee		
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3 0	0 0		Underpenalty of p	erjury, I declare and affirm	that I have examined		
Walker and the second			this report, includir	ng any accompanying scheo	iules and statements,		
*3086 DBC 06/16/	04 03:35:08 PM	2 (A) 2 (A)	and that all stateme	ents contained heroth are tru	ie and correct.		
Pile Date	الرادي المال ١٥٠٠		N.K		~ 11		

A. Robert Buonanno

Form 630 12/01

Print or Type Name of Officer

President

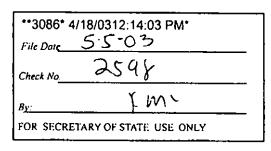
Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 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 IN BLACK) 1. Corporate ID No. 2. Name of Corporation *3086* The Center for Orthopaedics, Inc. 3. Street Address Principal Business Office State Zip 1524 ATWOOD AVE. **JOHNSTON** RI 02919 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4013516200 **RHODE ISLAND** 9217 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF MEDICINE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FUR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name A. Robert Buonanno, M.D. David A. Moss, M.D. Street Address Street Address 1524 Atwood Avenue . 1524 Atwood Avenue City State Zip State Zip Johanton RI 02919 Johnston RI 02919 Secretary Name Treasurer Name David A. Moss, M.D. A. Robert Buonanno, M.D. Sireet Address Street Address 1524 Atwood Avenue .1524 Atwood Avenue City Zip State City State Zip Johnston RI 02919 Johnston RI 02919 2. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name A. Robert Buonanno, M.D. David A. Moss, M.D. Street Address Street Address 1524 Atwood Avenue 1524 Atwood Avenue City •City State Zip State Zip Johnston RI 02919 Johnston RI 02919 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 Par Value Number of Shares Class/Series Por Value 1,000 COMM NO PAR VALUE 100 COMMON NO PAR VALUE This report must be signed in ink by either the President. Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of	eriory. I declare and affirm that I have examined	
this feport, including and that all states	ng any accompanying schedules and statements, ents contained herein per true and correct.	
Signature of Office	Date	
	Buonanno, M.D.	
Print or Type Name President	of Officer	
Title of Officer	Form 630 12	2/01



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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED.	•	Filing Fee: \$50.00)		INSTRUCTION
1. Corporate ID No.	2. Name of Corpo	pration			
_3086	The	Center_for_Orthopa	aedics, Inc.		
3. Street Address Principal B	usiness Office	,	City	State	Zip
_1524_Atwood A	venue	5. State of Incorporati	Johnston	RI	
					6. SIC Code
- (401-) .33.1-0200 . 7. Brief Description of the Ci	haracter of Business Conducte	RHODE.	ISLAND		9217
To engage in the	e.practice.of.medic	ine.			
8. NAMES AND ADI	DRESSES OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT) - JFILL IN SPACE	S BEFORE USING ATTACE	IMENTS
			Vice President Name		
A. Robert Buona	anno		David A. Moss	, M.D	
			•		
_1524_Atwood_A	State	Zip	City 524 Atwood A	State	Zip
.Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
A. Robert Buona	anno		David A. Moss,	, M.D	
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1524_Atwood.A	State	Zip	1524_Atwood_A	venue	Zip
.Johnston	I_RI	02919	Johnston	ו סו	02010
9. NAMES AND ADI	DRESSES OF THE DI	RECTORS ("X" BOX FOR A	TTACHMENT) UFILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
_A. Robert Buona	anno, M.D	··	David A. Moss,	M.D	
1524 Atwood A	venue		<u>:</u>		
City	State	Zip	1524 Atwood A	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Director Name			Director Name		•••••••••••••••
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his report must be	signed in ink by ei	ther the President, Vic	e President, Secretary, Ass	istant Secretary Treasur	er. Receiver or Truste
	•	·		Total Sectionary, Treasure	cr, receiver or music
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Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: Janua	ry 1-March 1	•	Filing Fee:	\$50.00
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INSTRI	LCHONS

(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corporation	7	· · · · · · · · · · · · · · · · · · ·	····	
3086	The Cent	er For Orthop	aedics,_Inc.		
3. Street Address Principal Busi	ness Office		City	State	2.ip
1524 Atwood Ave	nue		Johnston	RI	02919
4. Business Phone No.		5. State of Incorporation	<i>.</i>	-	6. SIC Code
(401) 351-6200 RHODE ISLA			AND	····	9217
7. Brief Description of the Char.	• -	hode Island	•	•	
	ractice of medicine			·	
8. NAMES AND ADDE	RESSES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) OFILL IN SPACES	BEFORE USING ATTACE	IMENTS 1
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A. Robert Buonani	IIO , M.D.	<u> </u>	: David A. Moss	s, M.D.	
1524 Atwood Ave	nuo '		•		•
City	State	ZIp	1524 Atwood 2	Istate	Zip
Johnston	RI	02919	:	RI	02919
Secretary Name			: Johnston : Treasurer Name	1 1	
A. Robert Buonani	no . M.D.		David A. Mos	e • M D	1
Street Address			Street Address	5., to P1 - D -	··· ·· · · · · · · · · · · · · · · · ·
1524 Atwood Ave	nue		1524 Atwood Av	/eniie	
City	State	Zip	: IJZ471twood 7tv	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDI	RESSES OF THE DIREC		CHMENT) FILL IN SPACE		CHMENTS
Director Name			Director Name		_11 a_ a_ a_ a
A. Robert Buonani	no , M.D.	•	David_AMo	ŝs. M.D.	••
Street Address			Street Address		
1524 Atwood Ave	nue		1524 Atwood	Avenue	·
City	State	Zip	City	State	^{Zip} 02919
Johnston	RI	02919	Johnston	RI	02919
Director Name			Director Name		
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10. SHARES AUTHORI	TABLE CAP HOX FOR ATTAC	HMENII		X BOX FOR ATTACHMENT)	<u> </u>
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ims report must be si	igned in ink by eithe	r the President, Vice F	President, Secretary, Assi	stant Secretary, Treasu	rer, Receiver or Trustee
	·				

	Under penalty of perjury 1 declare and affirm that I have examined this report, including any accompanying schedules and statements, ar
File Date: 8-16-01	that all statements contained herein are true and correctly
Check No.: 7305	A. Robert Buonanno, M.D.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President
A STATE OF THE STA	Title of Offices



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

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1. Corporate ID No. 3086	2. Name of Corporation The Center	for Orthopsedic	cs, Inc		
3. Street Address Principal Bi 1524 Atwood A			Johnston	State	1 2ip 1 22919
4. Business Phone No. (401) 351-6200	-	S. State of Incorporation RHODE ISLAND	······		6. SIC Code 9217.
To engage in the	haracter of Business Conducted in practice of medicine				<u> </u>
8. NAMES AND ADI	DRESSES OF THE OFFIC	ERS ('X' BOX FOR ATTACI	MENT) OFILL IN SPACE	S BEFORE USING ATTAC	HMENTS
A. Robert Buona	anno, M.D.		Vice President Name		
Street Address 1524 Atwood A	venue		Street Address		
Johnston	State RI	02919	City	State	Zip
Secretary Name A. Robert Buona	anno, M.D.	••••••••••••••••	Treasurer Name A. Robert Buor	nanno, M.D.	· ••••••••••••••••••••••••••••••••••••
Street Address 1524 Atwood Av	venue		Street Address 1524 Atwood A	Avenue	-
Johnston	State RI	02919	Johnston	State RI	(z _{ip} 02919
9. NAMES AND ADI	DRESSES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) UTILL IN SPA	CES BEFORE USING ATTA	CHMENTS
A. Robert Buona	anno , M.D.	. 4.	Director Name		- ··· ··· - -·
Street Address 1524 Atwood Av	venue	•	Street Address	.	
Johnston	State RI	^{zip} 02919	City	State	Zip
Director Name	***************************************	····	Director Name	***** #4 *****	
Street Address	<u></u>	- •	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED (*X* BOX FOR ATTAC	HMENT)	11 SHADES ISSUED	(*X* BOX FOR ATTACHMENT)	<u> </u>
AUTHORIZED SHARES			ISSUED SHARES	LA BUA FUR ATTAUNMENT	'
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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File Date: 4000
Check No.: Dadgo
By:
FOR SECRETARY OF STATE USE ONLY

0.16			
Under penalty of perju	ry, I declare ar	id affirm that I h	iave examined
this report, including a			
that all/statements con	fined herein	are true and Gori	PCY Ld
XXL T	A	-NA	- U
Signature of Officer	$\overline{}$	Date	\
A. Robert Bu	nanno,	M.D.	
Print or Type Name of Office	r		<u> </u>
President			
Title of Officer			



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-133: 401-222-3040

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

1. Carparate ID No.	2. Name of Corpora	ition		-		
3086	The Center	for Orthopaedics, I	nc.			
3. Street Address Principal Bu	siness Office	·	City	State	Zip	-
1524 Atwood Ave	nue		Johnston	RI	02919	_
(401) 351-6200		5. State of Incorporati			6. SIC Code	
7. Brief Description of the Cho	gracter of Business Conducted	RHODE ISLA	IND		9217	_
I	practice of medicine				•	
			TACHMENT) OFILL IN SPACE	É DEPODE HEINE ATEN	CONTRACTO CAN' 300	5
President Name	-	CERS (A BOX FOR A)	: Vice President Name	3 BEFORE USING ATTA	CHMEN12	5
A. Robert Buonan	no					
Street Address			Street Address		······································	-
1524 Atwood Ave	nue					
City	State	Zip	City	State	Zip	-
Johnston	RI	02919				
Secretary Name A. Robert Buonan	no		Treasurer Name	•••••••••••••••••••••••••••••••••••••••	**************************	•
	по	· · · · · · · · · · · · · · · · · · ·	A. Robert Buona	anno		
Street Address 1524 Atwood Ave	200	-	Street Address			
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Johnston	RI State	Zip	City	State	Zip	
		02919	Johnston	RI	02919	
9. NAMES AND ADD Director Name	KESSES OF THE DIK	ECTORS ("X" BOX FOR	ATTACHMENT) DILL IN SPA	CES BEFORE USING AT	TACHMENTS	Í
A. Robert Buonan	no		Director Name			
Street Address			Street Address			_
1524 Atwood Ave	nue		Sirect Address			
City	State	Zip	City	State	Zip	_
Johnston	RI	02919			2.7	
Director Name	• • • • • • • • • • • • • • • • • • • •		Director Name		······································	•
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Street Address			Street Address			-
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City	State	Zip	City	State	Zip	_
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By:	AA .		Print or Type Name of		l	
FOR SECRETARY OF STATE	USE ONLY		President	- 1		
L			Title of Officer			•
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James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Provider

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

STOP PIL INI RI, ID INI RI (IION)
02919
9217

(FORM MUST BE TYPED IN	BLACK)							
1. Corporate ID No.	2. Name of Carpo							
3086	The Cent	er_for_Orthopaedics,_l	nc	•	1			
3. Street Address Principal Busi		•	, ·	State	Zip			
1524 Atwood Ave	nue		Johnston	RI	02919'			
		5. State of Incorporation		-	6. SIC Code			
(401) 351-620 7. Brief Description of the Char		RHODE ISLA	ND	· · · · · · · · · · · · · · · · · · ·	9217			
·		٠,						
10 engage in	the practic	e of medicine. FICERS (*X* BOX FOR ATT)						
President Name	RESSES OF THE OF	PICERS ("X" BOX FOR ATTA	Vice President Name					
A. Robert Buc	\n a n n o	•		•				
Street Address) II a II II O		: Street Address					
1524 Atwood A	lvenue		•		•			
City	State	Zip	City	State	Zip			
Johnston	RI	02919						
Secretary Name	***************************************	· · · · · · · · · · · · · · · · · · ·	Treasurer Name	•••••••				
A. Robert Buc	nanno		A. Robert Bud	onanno	· ·			
Street Address		· · · · · · · · · · · · · · · · · · ·	· Street Address		······			
1524 Atwood A	lvenue		1524 Atwood A	Avenue				
City	State	Zip	City	State	Zip			
Johnston	RI	02919	Johnston	RI	02919			
	RESSES OF THE DI	RECTORS ('X' BOX FOR A			د رو ا نځ ار د			
Director Name			Director Name					
A. Robert Buc	nanno			Street Address				
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1524 Atwood A	State	Zip	City	State	Zip			
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Johnston Director Name	RI	02919	Director Name					
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City	State	Zip	City	State	ZIP			
	1	_		1				
10. SHARES AUTHOR	IZED ('X' BOX FOR A	ITACHMENT)	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			
		,		j				
1,000_COM			100	Common	No Par Valu			
	- 			/				
This report must be s	igned in ink by e	ither the President, Vic	e President, Secretary, Assi	stant Secretary/Treasu	rer, Receiver or Trustee			
			·	7	•			
			٨	/				
			. ∥	/				
		₩,	Under penalty of pe	rlury. I declare and affirm	that I have examined			
· · · · · · · · · · · · · · · · · · ·	* 3 0 8 6	·*/ _ /			edules and statements, and			
				contained herein are true				
File Date:	angel G	<u> </u>	at I Walk		27.00			
	21407	· · · · · · · · · · · · · · · · · · ·		√ - √ 5-	-27-98			
Check No.:	<u> </u>		Esperiore of Starte	\mathcal{V}	Date			
	O 4	}		Ruonanno	· · · · · · · · · · · · · · · · · · ·			
Ву:	()	· •	Print or Type Name of O	II:c e i				
FOR SECRETARY OF STATE	USE ON W		President		•			
•		Ĭ	Title of Officer					

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

By:

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

= 1 ('a-a D 11-		<u> </u>		<u> </u>	THIS TORM
1. Corporate ID No. 3086	2. Name of Corporat. The Center	r for Orthopaedics, In	IC		
3. Street Address Principal Bush 1524 Atwood	ness Office		City , Johnston	State	Zip
4. Husine40'19ne 351-62	00	5. State of Incorporation	· · · · · · · · · · · · · · · · · · ·	RI	02919 6. SIC Code
7. Brief Description of the Chara	acter of Rusiness Conducted in		10		9217
To engage in	the practice o	of medicine			
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS (*x* BOX FOR ATTACE	IMENT)		
President Name			Vice President Name		
A. Robert Bud	onanno ;		None		
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
1524 Atwood I	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>:</u>		<u> </u>
City Johnston	State	Zip	City	State	Zip
	RI	02919			
A. Robert Buc			Treasurer Name		
Street Address	nanno	· - · · · · · · · · · · · · · · · · · · ·	A. Robert Buo	nanno	·
1524 Atwood A	· · · · · · · · · · · · · · · · · · ·		Street Address		
City ·	State	1 2/2	1524 Atwood A		
Johnston		Zip	City	State	Zip
	RI	02919	Johnston	RI	02919
Director Name		CTORS ('X" HOX FOR ATTA		····	<u> </u>
A. Robert Buc	nanno	Construction Annual Construction	i Director Rume		
Street Address		· · · · · · · · · · · · · · · · · · ·	: Street Address		
Street Maniess					•
1524 Atwood A	venue		Surre Maures,		
	State RI	2ip 02919	City	State	Zip
1524 Atwood A	State			State	Zip
1524 Atwood A	State		City	State	Zip
1524 Atwood A	State		City	State	Zip
1524 Atwood A City Johnston Director Name	State		City Director Name	State	Zip
1524 Atwood A City Johnston Director Name	State		City Director Name	State	Zip Zip
1524 Atwood A City Johnston Director Name Street Address City	State RI State	02919	City Director Name Street Address City		-
1524 Atwood A City Johnston Director Name Street Address City	State RI State	02919	City Director Name Street Address City		-
1524 Atwood A City Johnston Director Name Street Address City 10. SHARES AUTHORI	State RI State	02919	City Director Name Street Address City	State	Z.ip
Johnston Director Name Street Address City 10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares	State RI State 7.ED AND ISSUED (2)	ZipX* BOX FOR ATTACHMENT)	City Director Name Street Address City ISSUED SHARES Number of Shares		-
1524 Atwood A City Johnston Director Name Street Address City 10. SHARES AUTHORI AUTHORIZED SHARES	State RI State 7.ED AND ISSUED (2)	ZipX* BOX FOR ATTACHMENT)	City Director Name Street Address City ISSUED SHARES	State	Z.ip
Johnston Director Name Street Address City 10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares	State RI State 7.ED AND ISSUED (2)	ZipX* BOX FOR ATTACHMENT)	City Director Name Street Address City ISSUED SHARES Number of Shares	State Class/Series	Zip Par Value
Johnston Director Name Street Address City 10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 1,000 COM	State RI State ZED AND ISSUED (*) Class/Series	Zip Zip Par Value	City Director Name Street Address City ISSUED SHARES Number of Shares	State Class/Series Common	Par Value No Par Value
Johnston Director Name Street Address City 10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 1,000 COM	State RI State ZED AND ISSUED (*) Class/Series	Zip Zip Par Value	City Director Name Street Address City ISSUED SHARES Number of Shares	State Class/Series Common	Par Value No Par Value
Johnston Director Name Street Address City 10. SHARES AUTHORI AUTHORIZED SHARES Number of Shares 1,000 COM	State RI State ZED AND ISSUED (*) Class/Series	Zip Zip Par Value	City Director Name Street Address City ISSUED SHARES Number of Shares	State Class/Series Common	Par Value No Par Value

this report, including any accompanying schedules and statements, and that/all statements contained herein are true and correct File Date: A. Robert Bnonanno Check No.: Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Tur of Officer

Under penalty of perjury, I declare and affirm that I have examined

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

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

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

PLEASE TYPE OR PRINT IN BLACK INK. 1. CORPORATE IO NO. 2. HAME OF CORPORATION 3086 The Center for Orthopaedics, Inc. 3. STREET ADORESS PHAYORAL BUSINESS OFFICE STATE या ८००६ 1524 Atwood Avenue Johnston RI 02919 BUSINESS PHOW: NO 401-351-6200 5. STATE OF INCORPORATION RHODE ISLAND 9217 7. BRUEL DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND Practice of medicine. 8. NAMES AND ADDRESSES OF THE OFFICERS PRESDENT MALE Robert Buonanno, M.D. A. Robert Buonanno, M.D. STREET ADOTES 24 Atwood Avenue STES 24:55 Atwood Avenue STATE Johnston STATRI RI 702919 **™ohnston** 02919 SECRETARY AME Robert Buonanno, M.D. ASSERbert Buonanno, M.D. STRET ADDRES 24 Atwood Avenue ST:524:SAtwood Avenue Johnston STATRI 702919 Wohnston STARI ⁷02919 9. NAMES AND ADDRESSES OF THE DIRECTORS onecross As Robert Buonanno, M.D. DIRECTOR NAME जाहरू का कि 24 Atwood Avenue STREET ADORESS an Johnston — TSIAIRI-1202919 dProvidence STARI -702919 DIRECTOR HAVE DIRECTOR NAME STREET ADDRESS STREET ADDRESS STATE STATE **2000€** 10. SHÁRES AUTHORIZED AND ISSUED **AUTHORIZED SHARES ISSUED SHARES** NUMBER OF SHARES CLASS / SERIES PAR VALUE MUMBER OF SHARES CLASS / SERIES PAR VALUE 1000 1,000 COM common none #11 This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/6/96

25360

By: For Secretary of State Use Only

Signature of Officer A. ROBERT BUONANNO, JOD

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

Print or Type Name of Officer

PRESIDENT

Title of Officer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS ANNUAL REPORT OFFICE OF THE SECRETARY OF STATE Please Type or Print 100 NORTH MAIN STREET File Annually - Jan.1 - March 1 PROVIDENCE, RHODE ISLAND 02903-1335 Filing Fee \$50.00 Make Checks Payable to: 401-277-3040 Secretary of State

ADD ENTRIES MUST BE COMPLETED IN FULL	OR THE FORM WILL BE RETURNED.
Corporate ID:3086	_ Annual Report for the year: 1995
Name of Corporation: The Center for Or Business entity organized under the laws of the State of: Rhode Island For foreign entity, address and telephone number of principal office:	Business Entity is (check one): [] Business Corp. (See RIGL Chapter 7-1.1)
Phone:()	Brief statement of the character of business conducted in Rhode Island: Practice of medicine
Phone: (401)351-6200	
THE NAMES OF TH	E OFFICERS ARE:
President st <u>A. Robert B</u> uonanno, M.D. 1524	reet Address City/State Zip Code Atwood Avenue, Johnston, RI 02919
vice President st <u>A. Robert Buonanno, M.D.</u> Sa	reet Address City/State Zip Code
Secretary St A. Robert Buonanno, M.D. Sa	reet Address City/State Zip Code
	reet Address City/State Zip Code
THE NAMES OF TH	E DIRECTORS ARE:
Name Str A. Robert Buonanno, M.D. Sam	eet Address City/State Zip Code e as above
Name Str	eet Address City/State Zip Code
Name Str	eet Address City/State Zip Code
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class/Series common	Number of Shares Class/Series-
Date <u>February 24, , 1995</u> By:	A MINIS
,	Print or Type Name of Officer Signing
	Title of Officer Signing
	range of officer statiffed

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.

GELFUSO & LACHUT, INC. 1193 RESERVOIR AVENUE CRANSTON, RI 02920

Please Type or Print

Filing Fee \$50.00 Payable to: Secretary of State

. - -

File Annually LLC: Sept.1 - Nov.1 Corp: Jan.1 - Mar.1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS OFFICE OF THE SECRETARY OF STATE 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903-1335 401-277-3040

Corporate ID <u>03086</u>		Annu	al	Repor	t fo	r the	year	199
Name of Business Entity: The Center	c £e	or Ortho	pae	dica	Inc			···
Business entity organized under the laws of the State of Rhode Island Pederal Taxpayer Identification Number:	-	[X] Pr	sir ofe	ness (ession RIGL	Corp. nal S 7-5.	(Šee Servic 1)	RIGL e Cor	7-1.1)
For foreign entity, address and telephone number of principal office	e:		tit tac ns	t per may b	nd ma son se di	iling to wh recte	om co	
Phone: ()Address and telephone of the principle.		1193 R Cranst	ese	rvoir	Ave	nue		
pal office of business entity in Ri (Provide street address-Not PO Box) 1524 Atwood Avenue Johnston, Rhode Island 02919		(401)	942 8ta 86	2-4300 temer condu) nt of ncted	the in R	chara	cter of
Phone: (401) 351-6200		Date o Date o ness i	f (Qualif	icat	ion t	o do	busi-
THE NAMES OF		B OFFICE			City	/Stat	9 7	ip Code
[X] President (Check One) A. Robert Buonanno, M.D. [] Chief Operating Officer or [X] Vice President (Check One)	15	24 Atwoo reet Add	<u>d_</u>	we.	John	ston /Stat	Ŗ	17 COde 11 02919 11p Code
Same [] Custodian of Records or [X] Secretary (Check One) Same	St	reet Add	res	88	City	/Stat	e z	ip Code
[] Chief Financial Officer or [X] Treasurer (Check One) Same	St	reet Add	res	88	City	/Stat	e Z	ip Code
THE NAMES OF	TH	E DIRECT	ORS	ARE:				
Name A. Robert Buonanno, M.D.	Şar	reet Add me as ab	OVE	<u> </u>		/Stat		ip Code
Name	St	reet Add	res	88	City	/Stat	e 2	ip Code
Name	St	reet Add	res	8	City	/Stat	e Z	ip Code
NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 1,000 CLASS Common		NUMBER OUTSTA NUMBER CLASS	NDJ			plica 0		
SERIES PAR VALUE OR WITHOUT PAR No par value		SERIES PAR VA WITHOU		OR		No	par v	alue
Date $\frac{2 23}{}$, 19 $\frac{94}{}$		$I \longrightarrow L$	$\perp L$				icei	Signing
DESIGNATED REGISTERED OR RESI		ritle of					PACPA	
PLEASE NOTE: If the Corporation has registered agent, Form 9 or Form LI	cl	hanged i	ts	regis	tere			

GELFUSO & LACHUT, INC. 1193 RESERVOIR AVENUE CRANSTON, RI 02920

FILED

NAR 0 7 1994

BY MESS 22940

To be filed annually between January 1st and March 1st STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS CORPORATION DIVISION

Corporate ID 3086		Annual Re	port for the year 1993
FIRST: The name of the co	orporation is	A. ROBERT	BUONANNO, M.D., INC.
SECOND: ,It is incorporate	ed under the l	aws of <u>Rho</u>	de Island
THIRD: Character of busin	ness briefly s	tated: <u>prac</u>	tice of medicine
FOURTH: If foreign corpora	ation, address	of its pri	ncipal office:
FIFTH: Business address	in Rhode Islan	d <u>1193 Res</u> e	ervoir Avenue,
Cranston, Rhode Island			
SIXTH: Names and addresse	es of its dire	ctors and o	fficers:
Name	Office A	ddress (num)	ber, street, zip code)
A. Robert Buonanno	Director 1	524 Atwood A	Ave., Johnston, RI 0291
A. Robert Buonnano Same Same Same	President Vice Pres. Secretary Treasurer		Same Same Same Same
SEVENTH: Number of Shares	s authorized:		Par Value or statement
No. of Shares	Class	Series	that shares are without par value
1,000	common		no par value
EIGHTH: Number of Shares	is 986'd:& Filed	MAR 31 1993	Par Value or statement
No. of Shares	Class	Series	that shares are without par value
1,000	common Mary	1	no par value
Dated 1993	3 9170		BUONANNO, M.D., INC.
•		Ву	Muya
(Report must be signed by	an officer)	Title	Juster

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

	ovidence, idiol	D IUDMAD UZ.	,05
Corporate ID_3086		Annual Re	eport for the year 1992
FIRST: The name of the	corporation is	A. ROBERT	BUONANNO, M.D., INC.
SECOND: It is incorpora	ted under the	laws of Rho	ode Island
THIRD: Character of bus	iness briefly	stated: prac	ctice of medicine
FOURTH: If foreign corpo	ration, addres	ss of its pri	incipal office:
FIFTH: Business address	in Rhode Isla		servoir Avenue,
Cranston, Rhode Island			
SIXTH: Names and addres	~4 ,	ectors and c	officers:
Name	Office	Address (num	mber, street, zip code)
A. Robert Buonanno	Director	1524 Atwood	Ave., Johnston, RI 02919
A. Robert Buonnano Same Same Same	President Vice Pres. Secretary Treasurer		Same Same Same Same
SEVENTH: Number of Shar			Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1,000	common		no par value
EIGHTH: Number of Share	s issued:	A	Par Value or statement
No. of Shares	Class	Series	that shares are without par value
1,000 /	common	;//	no par value
Dated $\frac{H/\lambda}{\lambda}$ 19	92 PAID	A. ROBERT	BUONANNO, M.D.A. INC.
/	APR 2 9 1992	(Name of	Organion)
(Report must be signed b	SEC'Y OF STATE y an officer)	Title	Marly

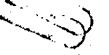
State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 3086	•••••••••	Annual Report for the year	ar1990
FIRST: The name of the	corporation isA	ROBERT'BUONANNO, M.D.,	
	•••••		
SECOND: It is incorpora	ated under the laws of	Rhode Island	
THIRD: Character of bu	isiness, briefly stated, is	practice of medicine	······
FOURTH: If foreign cor	poration, address of its p	rincipal office	
FIFTH: Business address		93 Reservoir Avenue, Cr	anston,
SIXTH: Names and add	resses of its directors and	Officers: Address (including number,	(Attach rider if necessary)
A. Robert Buonanno, MD	Director	. 1524 Atwood Avenue, Johns	ton, RI 02919
	Director		
	D '		
A. Robert Buonanno, MD	President	Same	
A. Robert Buonanno, MD		***************************************	······································
	Vice Preside	\$	
A. Robert Buonanno, MD	Secretary	Same	
A. Robert Buonanno, MD	Treasurer	Same	
SEVENTH: Number of S	Shares authorized:		Par Value or statement that
No. of Shares	Class	OAID U	shares are without
1000	common	JUN 1 Y 1997.	no par value
Eіднтн: Number of Sh		PASeries 1841 JUN 1 Y STATE SEC'Y. OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	parvalue
1000	common		no par value
Dated The 17	, (ROBERT BYONANNO, M.D. (Name of Cognoration)	, INC.
(Report must be signed	d by an officer) 7	Title	
Form 31 1/85	•		

mm

Filing Fee \$50.00

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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 3086		Annual 1	Report for the year 1991
FIRST: The name of the	e corporation is	A. ROBER	BUONANNO, M.D., INC.
SECOND: It is incorpo	rated under the	laws of <u>R</u>	node Island
THIRD: Character of b	usiness briefly	stated: pra	actice of medicine
FOURTH: If foreign cor	poration, addres	s of its p	cincipal office:
FIFTH: Business address Cranston, Rhode Island		nd <u>1193 Re</u>	eservoir Avenue,
SIXTH: Names and addre	esses of its dir	ectors and	officers:
Name	Office Add	dress (numb	per, street, zip code)
A. Robert Buonanno, MD	Director		Avenue, Johnston, RI 02919
A. Robert Buonanno, MD A. Robert Buonanno, MD A. Robert Buonanno, MD A. Robert Buonanno, MD SEVENTH: Number of Sha	President Vice Pres. Secretary Treasure FC'V	PAID I y lyyl	Same Same Same
SEVENTH: Number of Shannon of Shares	ares authorized:	Series	Par Value or statement that shares are without par value
1000	common	Derres	no par value
EIGHTH: Number of Shar	res issued:		Par Value or statement
No. of Shares	Class	Series	that shares are without par value
1000	common		no par value
Dated $3/29$:	199/	A. ROBERT (Name of By	Corporation)
(Report must be signed	by an officer)	Title	Jahr

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

1989

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID <u>3086</u>		Annual Re	port for the year 1990
FIRST: The name of the	corporation	is A. ROBERT	BUONANNO, M.D., INC.
SECOND: It is incorpora	ated under th	ne laws of <u>Rho</u>	de Island
THIRD: Character of but	siness briefl	ly stated: <u>prac</u>	tice of medicine
FOURTH: If foreign corpo	oration, addr	ress of its pri	ncipal office:
FIFTH: Business address Cranston, Rhode Island SIXTH: Names and address	<u> </u>		
			r, street, zip code)
A. Robert Buonanno, MD I			enue, Johnston, RI 02919
A. Robert Buonanno, MD I A. Robert Buonanno, MD I A. Robert Buonanno, MD I A. Robert Buonanno, MD I	Vice Pres. Secretary	S. S.	ame ame ame
SEVENTH: Number of Shar	res authorize	ed:	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
1000	common	PAID	no par value
EIGHTH: Number of Share	es issued:	IAR 1 % 1990	Par Value or statement
No. of Shares	Class	Series	that shares are without par value
1000	common	A UE SIALE	no par value
Dated Feb 15th) 19	990	A. ROBERT (Name of C	BUONANNO, M.D., INC.
(Report must be signed h	y an officer	Title \mathscr{A}	mon of

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID 3086		Annual i	Report for the year 1989
FIRST: The name of the	ne corporation	is <u>A. ROBER'</u>	BUONANNO, M.D., INC.
SECOND: It is incorpo	orated under t	he laws of <u>R</u>	node Island
THIRD: Character of 1	ousiness brief	ly stated: pra	actice of medicine
FOURTH: If foreign con	rporation, add	ress of its p	cincipal office:
FIFTH: Business addre		sland <u>1193 Re</u>	eservoir Avenue.
SIXTH: Names and add	resses of its	directors and	officers:
Name	Office	Address (num	per, street, zip code)
A. Robert Buonanno, MI	Director Director	1524 Atwood A	Avenue, Johnston, RI 02919
A Dahaut Duannus M) December 1	PAID	
A. Robert Buonanno, MI A. Robert Buonanno, MI		: IAR 2 7 1989	Same
A. Robert Buonanno, MI	Secretary	1.910 % 1.1000	Same
A. Robert Buonanno, MI	Treasurer S	SEC'Y OF STATE	Same
SEVENTH: Number of Sh	nares authoriz	ed:	Par Value or statement
No. of Shares	Class	Series	that shares are without par value
1000	common		no par value
EIGHTH: Number of Sha	ares issued:		Par Value or statement that shares are without
No. of Shares/	Class	Series	par value
1000	common		no par value
Dated #1	1989		Corporation)
/		Ву	Mun Hy
(Report must be signed	l by an office	r) Tit(le()//	Me de 1

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

porate ID 3086	•••••••	Annual Report for	the year1987
FIRST: The name of the o	corporation isA. ROB	ERT BUONANNO, M.D.,	INC.
SECOND: It is incorporate	ed under the laws ofRHO	DE ISLAND	, ,
THIRD: Character of busin	ness, briefly stated, ispr:a	ctice.of.medical.an	d any other legal pur
FOURTH: If foreign corpo	ration, address of its princip	al office	
FIFTH: Business address in	Rhode Island One St	ate Street, Provide	nce, RI
SIXTH: Names and addres	sses of its directors and office	ers:	(Attach rider if necessarumber, street, zip code)
A. Robert Buonanno	Director	524 Atwood Avenue,	Johnston, RI 02919
	Director		
	Director	······································	
A. Robert Buonanno	President	SAME	••••••
A. Robert Buonanno	Vice President	SAME	
A. Robert Buonanno	Secretary	SAME	•••••••••••••••••••••••••••••••••••••••
1. Robert Buonanno	Treasurer	SAME	•••••
SEVENTH: Number of Sha	res authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1,000	common PAI	D	no par value
EIGHTH: Number of Share	es issued: APR U &	1987	Par Value
No. of Shares	Class SEC'Y Oi	STATE Series	10 100 Stement that the same without par value
·,000	common		no par value
l	19	HOBERT BUONANNO, M	.D., INC.
	(Name of	Comoration	
(Report must be signed by	By	NOBERT BUCMANNO, M PRESIDENT	i.D.

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

FIRST: The name of the c		ROBERT BUONANNO, M.D., I	NC,
SECOND: It is incorporate	d under the laws of	Rhode Island	
THIRD: Character of busin	ness, briefly stated, is	.practiceofmedicaland	anyotherlegalpurpose.
FOURTH: If foreign corpo	ration, address of its p	rincipal office	
FIFTH: Business address in	Rhode Island 1351	- Smith Street, North Pre	widence, RI-02911
	One Sta	te Street, Providence, R	<u>T</u>
SIXTH: Names and address	ses of its directors and Office		(Attach rider if necessary)
A. ROBERT BUONANNO	Director	1351 Smith Street, N	exth Providence, RI - 02919
	Director		
	Director	same	
A. ROBERT BUONANNO	President		orth Providence, RI 0291
A. ROBERT BUONANNO	Vice Preside		orth Providence, RI-0291
A. ROBERT BUONANNO	Secretary	1351 Smith Street, No	orth-Providence, RI - 0291
A. ROBERT BUONANNO	Treasurer	same 1351 Smith Street, W	oxth Providence, RI - 0291
SEVENTH: Number of Sha	res authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1,000	common	JUN 🗗 19 86	without par value
Eіднтн: Number of Shar		PAID W	Par Value or statement that
No. of Shares	Class	Series Series	shares are without par value
1,000	common		without par value
Dated 9/2	1986	AROBERT BUONANNO, M.D.	INC.
		(Name of Corporation) By	\mathcal{N}
(Report must be signed b		* * ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1.D.

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations office of the secretary of state

Corporate 1D	3086		Annual Report for	the year 1985
		·		NANNO, M.D., INC.
1			e laws of RHODE	ISLAND
THIRD:	Character of b	usiness, briefly	stated, is PRACTI	ICE OF MEDICIN AND ANY
OTHER LEGAL	PURPOSES		***************	
	-	corporation, ad	dress of its princi	pal office
Г І Г ТН:		ess in Rhode I		
1351	Smith Street	, N. Providence	e,RI02911	
Sixth:	Names and ac	dresses of its	directors and off	icers:
	(Addresses mu	st include street a	nd number, if any)	
1	Vame	Office		Address
.A. Robert Bu	onanno	Director	.188 East Hi	ll.Drive, Cranston, RI02910
******		Director	***************************************	
		Director		
.ARobert. Bu	onanno	President	sameasabov	æ
A. Robert Bu	onanno	Vice Presid	lent same as abov	<i>r</i> e
,ARobert Bu	onanno	Secretary	same as abov	/e
	onanno space is needed,		same as abov	re
Seventh	: Number of	Shares autho	rized:	Par Value or statement that
No. of Shr	esta	Class	Series	shares are without par value
1,000		common		without par value
Еіснтн:	Number of	Shares issued:		Par Value or statement that shares are without
No. of Shi	ares	Class	Series	par value
1,000		common		without par value
Dated: 1	eg a r	19.85 PAID	A. ROBERT BUT (Name of Corpor By A. Robert By Title President (Report must	
If the c	orporation has c	hanged its 경우	Red office and/or	its registered agent,

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

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations office of the secretary of state

<u>ب</u>		, 4	ı	Annual Report for th	ie year 1984	
	First:	The name of t		S A. ROBERT BUONA		
·	rinoi.	The hame of	me corporation i			•
	SECOND	· It is incorp		e laws of Rhode Is	land	
any		Character of l	ousiness, briefly	stated, is practice		
	Fourth	: If foreign	corporation, add	dress of its principa	l office	
, ,					•	,
			ress in Rhode Is			
	9.5	(kxXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxiiik xxxxxxxxxxxxxxxxxxxxxxx	x020000 1351 Smith	Street, N. Prov	vidence, RI 02911
	Sixth:	Names and a	ddresses of its	directors and office	rs:	
		(Addresses mi	ist include street a	nd number, if any)		
		Name	Office		Address	
Α.	Robert B	iuonanno	Director	кхаевкожожхадк	унизменизмух хувынамин Сунизменнизмух хувынамин	(XROXX
<i>.</i>		.,,	Director	188 East Hil	l Drive, Cransto	on, RI 02910
			Director			, AT A
A.	Robert B	Suonanno	President	same as above.		
A	Robert-B	luonanno	. Vice Presid	ent samo, as above		
A	Robert B	Juonanno	Secretary	same as above		
A (I	Robert B	luonanno space is needed,	Treasurer attach rider)	same as above		
	SEVENT	н: Number o	f Shares autho	rized:	Par Value or statement i	
	No. of Si	hares	Class	Series	shares are wit par value	hout
	1,000)	common		without par	value
	Еіснтн	: Number of	Shares issued:		Par Value or statement i	
	No. of Si	hares	Class	Series '	shares are wit par yalue	hout
	1,000		common		without par	value
Dat	ted: 77	Jack 4	19.84		NANNO, M.D., INC).
				(Name of Corporati	бп) ⁻	2
N	action 84	1579 Podes p7	1 allotus	by To	*>-/	100
	يلا ور	ا م درا (157 ا	you get	Title		
	W	Post	1 1 1984	(Report must be	signed by an officer	7)

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

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

State of Rhode Island and Providence Plantations Office of the secretary of state

		· A	nnual Report for t	he year 1983
First:	The name of the	he corporation is	A. ROBERT	BUONANNO, M.D., INC
SECOND:	: It is incorpo	rated under the	laws of Rhode	Island
THIRD:	Character of b	usiness, briefly s	stated, is pract	ice of medicine and
	legal purpo			
_			ress of its principa	al office
rockin	. II toreign c	orporation, add	reas of its principa	
				ts will be mailed to this
dress) 6		ue, Cranston		
Sixth:			irectors and office	ers:
	(Addresses mus	st include street and	d number, if any)	
	Name Buonanno	Office	66 Pookoron	Address t Drive, Cranston,
Koberc	. buonanno -	Director	00 ROCKCIES	c brive, cranscon,
		Director		
		Director		
. Robert	Buonanno	President	66 Rockcrest	Drive, Cranston, F
. Robert	Buonanno	Vice Preside	ent"	
. Robert	Buonanno	Secretary	11	
. Robert	Buonanno	Treasurer	••	
If additional	space is needed,	attach rider)		
SEVENTI	H: Number of	Shares author.	ized:	Par Value or statement that
No. of Sh	nres	Class	Series	shares are without par value
1,000)		MAR 28 19	no par value
			pp	sa ·
Еіснтн	· Number of	Shares issued:		Par Value
No. of St		Class	Series	or statement that shares are without par value
1,000		3		no par value
1, 17 10	,	10		(10 pill varae
voor Le	hung 15	19 ⁸³	A. ROBER	T BUONANNO, M.D.,
	1	0, .	(Name of Comporat	(45)
		9	A. Robert	Buonanno
		, գ - գ] * ∢	itle President	·
		::[(Report must be	signed by an officer)