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.	2. Name of Corporation
3086	The Center for Orthopaedics, Inc.

3. Street Address Principal Business Office	City	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 FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
A. Robert Buonanno,M.D.	1524 Atwood Avenue	Providence	RI	02919

Vice President Name	Street Address	City	State	Zip
David A Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02905

Secretary Name	Street Address	City	State	Zip
A. Robert Buonanno,M.D.	1524 Atwood Avenue	Johnston	RI	02905

Treasurer Name	Street Address	City	State	Zip
David A Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02905

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

Director Name	Street Address	City	State	Zip
A. Robert Buonanno,M.D.	150Chesnut Street 3rd Floor	Johnston	RI	02905

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 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

[redacted] 3086 [redacted]

3086 DBC 01/26/05 02:53:32 PM
File Date 2/8/05
Check No. 2334
By: VJ.
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 *Date* 1/24/05

A. Robert Buonanno,M.D.
Print or Type Name of Officer

[redacted] President
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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation
3086	The Center for Orthopaedics, Inc.

3. Street Address Principal Business Office	City	State	Zip
1524 ATWOOD AVE.	JOHNSTON	RI	02919

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401 351-6200	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 FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
A. Robert Buonanno, M.D.,	1524 Atwood Avenue	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
David A Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
A. Robert Buonanno,M.D.,	1524 Atwood Avenue	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
David A Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
A. Robert Buonanno,M.D.	1524 Atwood Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
David A Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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 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

[redacted] 3086

3086 DBC 06/16/04 03:35:08 PM
File Date 7/16/04
Check No. 16713
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Signature of Officer *Date*

A. Robert Buonanno
Print or Type Name of Officer

[redacted] President
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 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	City	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 FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johsnton	RI	02919

Vice President Name	Street Address	City	State	Zip
David A. Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
David A. Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
David A. Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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	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

[redacted] *3086*

**3086* 4/18/0312:14:03 PM*

File Date 5-5-03

Check No. 2598

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Signature of Officer *Date*

A. Robert Buonanno, M.D.
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

(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		City	State	Zip
1524 Atwood Avenue		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 351-6200	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 FOR ATTACHMENT*) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
A. Robert Buonanno	1524 Atwood Avenue	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
David A. Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
A. Robert Buonanno	1524 Atwood Avenue	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
David A. Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
David A. Moss, M.D.	1524 Atwood Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

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

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

ISSUED SHARES		
Number of Shares	Class/Series	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

FILED

File Date: FEB 08 2002

Check No.: By CC 494494

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.

Signature of Officer — Date 1/31/02

A. Robert Buonanno, M.D.
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

STOP
PLEASE READ INSTRUCTIONS

(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	City	State	Zip
1524 Atwood Avenue	Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation		6. SIC Code
(401) 351-6200	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 FOR 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	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			**Treasurer Name**		
A. Robert Buonanno, M.D.			David A. Moss, M.D.		
Street Address			Street Address		
1524 Atwood Avenue			1524 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

9. 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	State	Zip	City	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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	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

[redacted] [redacted]

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

Signature of Officer — *Date* 8/15/01

A. Robert Buonanno, M.D.
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date: 8-16-01
Check No.: 7305
By: AMF
FOR SECRETARY OF STATE USE ONLY

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

STOP
PLEASE READ INSTRUCTIONS

(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	City	State	Zip
1524 Atwood Avenue	Johnston	RI	02919

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 351-6200	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 FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: A. Robert Buonanno, M.D.	Vice President Name:
Street Address: 1524 Atwood Avenue	Street Address:
City: Johnston; State: RI; Zip: 02919	City: ; State: ; Zip:
Secretary Name: A. Robert Buonanno, M.D.	Treasurer Name: A. Robert Buonanno, M.D.
Street Address: 1524 Atwood Avenue	Street Address: 1524 Atwood Avenue
City: Johnston; State: RI; Zip: 02919	City: Johnston; State: RI; Zip: 02919

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

Director Name: A. Robert Buonanno, M.D.	Director Name:
Street Address: 1524 Atwood Avenue	Street Address:
City: Johnston; State: RI; Zip: 02919	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	Common	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

[redacted]

* 3086 *

File Date: 4/28/00
Check No.: 020090
By: 9669
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

X _____ _____
Signature of Officer *Date*

A. Robert Buonanno, M.D.
Print or Type Name of Officer

[redacted] President
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 02903-133
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
3086	The Center for Orthopaedics, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1524 Atwood Avenue		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 351-6200	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 FOR ATTACHMENT*) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
A. Robert Buonanno					
Street Address			Street Address		
1524 Atwood Avenue					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Secretary Name			Treasurer Name		
A. Robert Buonanno			A. Robert Buonanno		
Street Address			Street Address		
1524 Atwood Avenue			1524 Atwood Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

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

Director Name			Director Name		
A. Robert Buonanno					
Street Address			Street Address		
1524 Atwood Avenue					
City	State	Zip	City	State	Zip
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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COM			100	Comm	No Par Value

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

[redacted] * 3 0 8 6 *

File Date: 3-10-99

Check No.: 4959

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Signature of Officer *Date*

A. Robert Buonanno
Print or Type Name of Officer

[redacted] President
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

STOP PLEASE READ INSTRUCTIONS

(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		City	State	Zip
1524 Atwood Avenue		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 351-6200	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 FOR ATTACHMENT) ☐

President Name	Vice President Name
A. Robert Buonanno	—
Street Address	Street Address
1524 Atwood Avenue	
City / State / Zip	City / State / Zip
Johnston / RI / 02919	
Secretary Name	Treasurer Name
A. Robert Buonanno	A. Robert Buonanno
Street Address	Street Address
1524 Atwood Avenue	1524 Atwood Avenue
City / State / Zip	City / State / Zip
Johnston / RI / 02919	Johnston / RI / 02919

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

Director Name	Director Name
A. Robert Buonanno	
Street Address	Street Address
1524 Atwood Avenue	
City / State / Zip	City / State / Zip
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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COM			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

[redacted]

3086

File Date: 6/1/98 (9/284)

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — 5-27-98 Date

A. Robert Buonanno
Print or Type Name of Officer

[redacted] President
Title of Officer

TATE OF RHODE ISLAND
ND 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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

OFIT CORPORATION ANNUAL REPORT 1997

ling Period: January 1–March 1 • Filing Fee: $50.00

ORM 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	**City**	**State**	**Zip**
1524 Atwood Avenue	Johnston	RI	02919
4. Business Phone No.	**5. State of Incorporation**		**6. SIC Code**
(401) 351-6200	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 FOR ATTACHMENT*) ☐

President Name	Street Address	City	State	Zip
A. Robert Buonanno	1524 Atwood Avenue	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
A. Robert Buonanno	1524 Atwood Avenue	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
A. Robert Buonanno	1524 Atwood Avenue	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
A. Robert Buonanno	1524 Atwood Avenue	Johnston	RI	02919

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED AND 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 COM			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

[redacted]

* 3 0 8 6 *

[redacted]

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

Signature of Officer — *Date* 3/10/97

A. Robert Buonanno
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date: 3/13/97

Check No.: 02924

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION		
3086	The Center for Orthopaedics, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
1524 Atwood Avenue	Johnston	RI	02919
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION		6. SIC CODE
401-351-6200	RHODE ISLAND		9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Practice of medicine.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
A. Robert Buonanno, M.D.	1524 Atwood Avenue	Johnston	RI	02919

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
		Providence	RI	02919

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 COM			1000	common	none

#11

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

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

Signature of Officer

A. ROBERT BUONANNO, MD
Print or Type Name of Officer

PRESIDENT
Title of Officer

2/28/96
Date

File Date: 3/6/96 RFB

Check No: 25360

By: CA

For Secretary of State Use Only

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

ANNUAL REPORT
Please Type or Print
File Annually - Jan.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:3086 Annual Report for the year:1995

Name of Corporation:The Center for Orthopaedics, Inc.

Business entity organized under the laws of the State of:Rhode Island
For foreign entity, address and telephone number of principal office:

Phone:( )
Address and telephone of the principal office of business entity in R.I. (Provide street address-Not P.O.Box):
1524 Atwood Avenue
Johnston, Rhode Island 02919
Phone:(401)351-6200

Business Entity is (check one):
[ ] Business Corp.(See RIGL Chapter 7-1.1)
[x] Professional Service Corp. (See RIGL Chapter 7-5.1)

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

THE NAMES OF THE OFFICERS ARE:

President A. Robert Buonanno, M.D.	Street Address 1524 Atwood Avenue,	City/State Johnston, RI	Zip Code 02919
Vice President A. Robert Buonanno, M.D.	Street Address Same	City/State	Zip Code
Secretary A. Robert Buonanno, M.D.	Street Address Same	City/State	Zip Code
Treasurer A. Robert Buonanno, M.D.	Street Address Same	City/State	Zip Code

THE NAMES OF THE DIRECTORS ARE:

Name A. Robert Buonanno, M.D.	Street Address Same as above	City/State	Zip Code
Name	Street Address	City/State	Zip Code
Name	Street 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	Number of Shares	Class/Series
1000	common	1000	common

Date February 24, , 1995 By:

Print or Type Name of Officer Signing

Title of Officer Signing

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

FILED
FEB 28 1995
By 16590 #24177

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 03086 Annual Report for the year 1994

Name of Business Entity: The Center for Orthopaedics, Inc.

Business entity organized under the laws of the State of Rhode Island
Federal Taxpayer Identification Number: [redacted]

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

Phone:( )

Address and telephone of the principal office of business entity in RI (Provide street address-Not PO Box):
1524 Atwood Avenue
Johnston, Rhode Island 02919

Phone:(401) 351-6200

Business Entity is (check one):
[ ] Business Corp.(See RIGL 7-1.1)
[X] Professional Service Corp. (See RIGL 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of of contact person to whom communications may be directed:
Gelfuso & Lachut, Incorporated
1193 Reservoir Avenue
Cranston, Rhode Island 02920
(401) 942-4300

Brief statement of the character of business conducted in RI:
practice of medicine

Date of Organization: 7/26/82

Date of Qualification to do business in RI (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	Street Address	City/State	Zip Code
[ ] Chief Executive Officer or [X] President (Check One)			
A. Robert Buonanno, M.D.	1524 Atwood Ave.	Johnston	RI 02919
[ ] Chief Operating Officer or [X] Vice President (Check One)	Street Address	City/State	Zip Code
Same			
[ ] Custodian of Records or [X] Secretary (Check One)	Street Address	City/State	Zip Code
Same			
[ ] Chief Financial Officer or [X] Treasurer (Check One)	Street Address	City/State	Zip Code
Same			

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip Code
A. Robert Buonanno, M.D.	Same as above		
Name	Street Address	City/State	Zip Code
Name	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	1,000	NUMBER	1,000
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No par value	PAR VALUE OR WITHOUT PAR	No par value

Date 2/23, 1994 By:

Type or Print Name of Officer Signing

Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS

PLEASE NOTE: If the Corporation has changed its registered office and/or registered agent, Form 9 or Form LLC 3 must be filed.

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

FILED
MAR 07 1994
By M6592294D

Filing Fee $50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3086

Annual Report for the year 1993

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: ,It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: practice of medicine

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
A. Robert Buonanno	Director	1524 Atwood Ave., Johnston, RI 02919
A. Robert Buonnano	President	Same
Same	Vice Pres.	Same
Same	Secretary	Same
Same	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

Rec'd & Filed MAR 31 1993

AM#29 215214

Dated _____ 1993

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By _____

(Report must be signed by an officer) Title _____

19754 gB

Filing Fee $50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3086 Annual Report for the year 1992

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: practice of medicine

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
A. Robert Buonanno	Director	1524 Atwood Ave., Johnston, RI 02919
A. Robert Buonnano	President	Same
Same	Vice Pres.	Same
Same	Secretary	Same
Same	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

Dated 4/2 1992 PAID

APR 29 1992

SEC'Y OF STATE

(Report must be signed by an officer)

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By

Title

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

MM

Corporate ID 3086 Annual Report for the year 1990

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of medicine

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
A. Robert Buonanno, MD	Director	1524 Atwood Avenue, Johnston, RI 02919
	Director	
	Director	
A. Robert Buonanno, MD	President	Same
A. Robert Buonanno, MD	Vice President	Same
A. Robert Buonanno, MD	Secretary	Same
A. Robert Buonanno, MD	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

PAID
JUN 19 1991
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

Dated June 17, 1991

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By

(Report must be signed by an officer)

Title

Form 31 1/85

Filing Fee $50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3086 Annual Report for the year 1991

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: practice of medicine

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
A. Robert Buonanno, MD	Director	1524 Atwood Avenue, Johnston, RI 02919
	Director	
A. Robert Buonanno, MD	President	Same
A. Robert Buonanno, MD	Vice Pres.	Same
A. Robert Buonanno, MD	Secretary	Same
A. Robert Buonanno, MD	Treasurer	Same

PAID
JUN 19 1991
SEC'Y. OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

Dated 3/29 1991

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By

(Report must be signed by an officer) Title

Filing Fee $15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3086

Annual Report for the year ~~1990~~ 1989

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: practice of medicine

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
A. Robert Buonanno, MD	Director Director	1524 Atwood Avenue, Johnston, RI 02919
A. Robert Buonanno, MD	President	Same
A. Robert Buonanno, MD	Vice Pres.	Same
A. Robert Buonanno, MD	Secretary	Same
A. Robert Buonanno, MD	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

PAID
MAR 14 1990
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

Dated Feb 15th 1990

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By

(Report must be signed by an officer) Title

Filing Fee $15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3086 Annual Report for the year ~~1989~~ 1988

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: practice of medicine

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue, Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
A. Robert Buonanno, MD	Director	1524 Atwood Avenue, Johnston, RI 02919
	Director	
A. Robert Buonanno, MD	President	Same
A. Robert Buonanno, MD	Vice Pres.	Same
A. Robert Buonanno, MD	Secretary	Same
A. Robert Buonanno, MD	Treasurer	Same

PAID
MAR 27 1989
SEC'Y OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

Dated 3/22/89

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing Fee $15.00

January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3086 Annual Report for the year 1987

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is practice of medical and any other legal purpose.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One State Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
A. Robert Buonanno	Director	1524 Atwood Avenue, Johnston, RI 02919
	Director	
	Director	
A. Robert Buonanno	President	SAME
A. Robert Buonanno	Vice President	SAME
A. Robert Buonanno	Secretary	SAME
A. Robert Buonanno	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

PAID
APR 08 1987
SEC'Y OF STATE

APR 10 1987

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

Dated 19

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By A. ROBERT BUONANNO, M.D.

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3086 Annual Report for the year 1986

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of medical and any other legal purpose.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island ~~1351 Smith Street, North Providence, RI 02911~~
One State Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
A. ROBERT BUONANNO	Director	1524 Atwood Avenue, Johnston, RI 02919 ~~1351 Smith Street, North Providence, RI 02911~~
	Director	
	Director	
A. ROBERT BUONANNO	President	same ~~1351 Smith Street, North Providence, RI 02911~~
A. ROBERT BUONANNO	Vice President	same ~~1351 Smith Street, North Providence, RI 02911~~
A. ROBERT BUONANNO	Secretary	same ~~1351 Smith Street, North Providence, RI 02911~~
A. ROBERT BUONANNO	Treasurer	same ~~1351 Smith Street, North Providence, RI 02911~~

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

JUN 9 1986

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

SEC'Y OF STATE

Dated 5/29 19 86

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By A. ROBERT BUONANNO, M.D.

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1-85

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 ID 3086

Annual Report for the year 1985

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is PRACTICE OF MEDICIN AND ANY OTHER LEGAL PURPOSES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1351 Smith Street, N. Providence, RI 02911

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
A. Robert Buonanno	Director	188 East Hill Drive, Cranston, RI 02910
	Director	
	Director	
A. Robert Buonanno	President	same as above
A. Robert Buonanno	Vice President	same as above
A. Robert Buonanno	Secretary	same as above
A. Robert Buonanno	Treasurer	same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

Dated: May 2 1985

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By A. Robert Buonanno, M.D.

Title President

(Report must be signed by an officer)

03/11/85 PAID

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

FORM 31 11-82

CHECK 15.00
CASH 15.00

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

Annual Report for the year 1984

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of medicine and any other legal purposes

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

~~681 Park Avenue, Cranston, RI 02910~~ 1351 Smith Street, N. Providence, RI 02911

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
A. Robert Buonanno	Director	~~66 Rockcrest Drive, Cranston, RI~~
	Director	188 East Hill Drive, Cranston, RI 02910
	Director	
A. Robert Buonanno	President	same as above
A. Robert Buonanno	Vice President	same as above
A. Robert Buonanno	Secretary	same as above
A. Robert Buonanno	Treasurer	same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

Dated: 31 March 19 84

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By: [signature]

Title: [signature]

(Report must be signed by an officer)

4-10-84 ck
Ck # 1579
Rodis to Braillo Lee
Lee

JUN 11 1984

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

FORM 31 11-82

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

Annual Report for the year 1983

FIRST: The name of the corporation is A. ROBERT BUONANNO, M.D., INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of medicine and any other legal purposes

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 681 Park Avenue, Cranston, RI, 02910

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
A. Robert Buonanno	Director	66 Rockcrest Drive, Cranston, RI
	Director	
	Director	
A. Robert Buonanno	President	66 Rockcrest Drive, Cranston, RI
A. Robert Buonanno	Vice President	" "
A. Robert Buonanno	Secretary	" "
A. Robert Buonanno	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			no par value

MAR 28 1983

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000			no par value

3 10 83

Dated: February 15 19 83

A. ROBERT BUONANNO, M.D., INC.
(Name of Corporation)

By A. Robert Buonanno

Title President

(Report must be signed by an officer)

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

FORM 31 11-82