



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 136690		2. Name of Corporation CUMBERLAND MEDICAL ASSOCIATES CONDOMINIUM CENTER, INC.	
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 725 RESERVOIR AVENUE, SUITE 101		City CRANSTON
5. Foreign corporation: Enter principal office address		State	Zip 02910-

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
THE OPERATION AND MANAGEMENT OF A CONDOMINIUM CENTER TO BE CONSTRUCTED AT 2138 MENDON ROAD, CUMBERLAND, RI

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

President Name A. LOUIS MARIORENZI, M.D.			Vice President Name		
Street Address 725 RESERVOIR AVENUE, SUITE 101			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) R.I.G.L. 7-6-23

Director Name A. LOUIS MARIORENZI, M.D.			Director Name MICHAEL MARIORENZI, M.D.		
Street Address 725 RESERVOIR AVENUE, SUITE 101			Street Address 725 RESERVOIR AVENUE, SUITE 101		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Director Name LOUIS J. MARIORENZI, M.D.			Director Name		
Street Address 725 RESERVOIR AVENUE, SUITE 101			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

Agent Name LOUIS J. VALLONE		Address	
Address 550 IVES ROAD		City EAST GREENWICH	Zip 02818

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



136690 DNP 06/16/05 09:17:53 AM

File Date 7-8-05

Check No. 1503

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] 7/30/05
Signature of Officer Date
A. LOUIS MARIORENZI, M.D.
Print or Type Name of Officer
PRESIDENT
Title of Officer



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3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 725 Reservoir Avenue, Suite 101	
		City Cranston	Zip 02910
5. Foreign corporation. Enter principal office address		City	State
			Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
THE OPERATION AND MANAGEMENT OF A CONDOMINIUM CENTER TO BE CONSTRUCTED AT 2138 MENDON ROAD, CUMBERLAND, RI

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

President Name A. Louis Mariorenzi, M.D.			Vice President Name		
Street Address 725 Reservoir Avenue, Suite 101			Street Address		
City Cranston,	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name A. Louis Mariorenzi, M.D.			Director Name Michael Mariorenzi, MD		
Street Address 725 Reservoir Avenue, Suite 101			Street Address 725 Reservoir Ave., Suite 101		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Louis J. Mariorenzi, MD			Director Name		
Street Address 725 Reservoir Ave., Suite 101			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name LOUIS J. Vallone, Esquire		Address	
Address 550 IVES ROAD		City EAST GREENWICH	Zip 02818-

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



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FILED

File Date JUN 29 2004
Check No. _____
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]
Signature of Officer Date

A. Louis Mariorenzi, M.D.
Print or Type Name of Officer
President
Title of Officer