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 OR PRINTED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*			
51296	RIVERSIDE PEDIATRICS, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
50 Amaral Street		East Providence	RI	02915
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
	RHODE ISLAND			9217

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDING PROFESSIONAL MEDICAL SERVICES

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

President Name	*Vice President Name*
RICHARD G. GRECO	NONE
Street Address	*Street Address*
262 Wilson Avenue	
City / *State* / *Zip*	*City* / *State* / *Zip*
East Providence / RI / 02916	
Secretary Name	*Treasurer Name*
RICHARD G. GRECO	RICHARD G. GRECO
Street Address	*Street Address*
262 Wilson Avenue	262 Wilson Avenue
City / *State* / *Zip*	*City* / *State* / *Zip*
East Providence / RI / 02916	East Providence / RI / 02916

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

Director Name	*Director Name*
RICHARD G. GRECO	
Street Address	*Street Address*
262 Wilson Avenue	
City / *State* / *Zip*	*City* / *State* / *Zip*
East Providence / RI / 02916	
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*
600 COMM NO PAR VALUE			200	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]

51296

FILED

File Date MAR 14 2005

Check No. 1550

By: 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* 02/15/05

RICHARD G. GRECO
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
51296	RIVERSIDE PEDIATRICS, INC.			
3. Street Address Principal Business Office: 50 Amaral Street		City: East Providence	State: RI	Zip: 02915
4. Business Phone No.: (401) 434-8009	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island: PROVIDING PROFESSIONAL MEDICAL SERVICES

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

President Name	Street Address	City	State	Zip
RICHARD G. GRECO	262 Wilson Avenue	East Providence	RI	02916

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
RICHARD G. GRECO	262 Wilson Avenue	East Providence	RI	02916

Treasurer Name	Street Address	City	State	Zip
RICHARD G. GRECO	262 Wilson Avenue	East Providence	RI	02916

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

Director Name	Street Address	City	State	Zip
RICHARD G. GRECO	262 Wilson Avenue	East Providence	RI	02916

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
600	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	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]

51296

File Date 3.1.04

Check No. 170

By: LH

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* 02/17/04

RICHARD G. GRECO
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 51296
2. Name of Corporation: RIVERSIDE PEDIATRICS, INC.
3. Street Address Principal Business Office: 50 Amaral Street — City: East Providence — State: RI — Zip: 02914
4. Business Phone No.: (401) 434-8009
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Providing professional medical services and any other lawful purpose

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

President Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence, State: RI Zip: 02916

Vice President Name: NONE
Street Address:
City: State: Zip:

Secretary Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence, State: RI Zip: 02916

Treasurer Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence State: RI Zip: 02916

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

Director Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence, State: RI Zip: 02916

Director Name:
Street Address:
City: State: Zip:

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
600	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	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]

51296

File Date: 2.21.03

Check No.: 4549

By: LP

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: 02/18/03

RICHARD G. GRECO
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02

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.: 51296

2. Name of Corporation: RIVERSIDE PEDIATRICS, INC.

3. Street Address Principal Business Office: 50 Amaral Street
City: East Providence State: RI Zip: 02914

4. Business Phone No.: (401) 434-8009

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island:
Providing professional medical services and any other lawful purpose

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

President Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence State: RI Zip: 02916

Vice President Name: NONE
Street Address:
City: State: Zip:

Secretary Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence State: RI Zip: 02916

Treasurer Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence State: RI Zip: 02916

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

Director Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence State: RI Zip: 02916

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
600 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	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]

51296

File Date: 4-26-02

Check No.: 4491

By: [redacted]

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: [redacted] Date: 02/19/02

RICHARD G. GRECO
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.
51296

2. Name of Corporation
RIVERSIDE PEDIATRICS, INC.

3. Street Address Principal Business Office
50 Amaral Street

City East Providence *State* RI *Zip* 02914

4. Business Phone No.
(401) 434-8009

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9217

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical services and any other lawful purpose

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

President Name
RICHARD G. GRECO
Street Address
262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

Vice President Name
NONE
Street Address
City *State* *Zip*

Secretary Name
RICHARD G. GRECO
Street Address
262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

Treasurer Name
RICHARD G. GRECO
Street Address
262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

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

Director Name
RICHARD G. GRECO
Street Address
262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

Director Name
Street Address
City *State* *Zip*

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*
600 COMM NO PAR VALUE		

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

Number of Shares	*Class/Series*	*Par Value*
200	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]

51296

File Date: 3-20-01

Check No.: 3426

By: [signature]

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] 02/20/01
Signature of Officer *Date*

~~RICHARD G. GRECO~~
Print or Type Name of Officer

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
401-222-3040

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.: 51296
2. Name of Corporation: RIVERSIDE PEDIATRICS, INC.

3. Street Address Principal Business Office: 50 Amaral Street
City: East Providence
State: RI
Zip: 02915

4. Business Phone No.: (401) 434-8009
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217

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

Providing professional medical services and any other lawful purpose

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

President Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence
State: RI
Zip: 02916

Vice President Name: NONE
Street Address:
City:
State:
Zip:

Secretary Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence
State: RI
Zip: 02916

Treasurer Name:
Street Address:
City:
State:
Zip:

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

Director Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence
State: RI
Zip: 02916

Director Name:
Street Address:
City:
State:
Zip:

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
600 SHS	NO PAR VAL COM	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	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] 

File Date: 2/10/00
Check No.: 2738
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: 02/15/00
RICHARD G. GRECO
Print or Type Name of Officer
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
401-222-3040

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.: 51296
2. Name of Corporation: RIVERSIDE PEDIATRICS, INC.
3. Street Address Principal Business Office: 50 Amaral Street — City: East Providence — State: RI — Zip: 02915
4. Business Phone No.: (401) 434-8009
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: Providing professional medical services and any other lawful purpose

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

President Name: RICHARD G. GRECO	Vice President Name: NONE
Street Address: 262 Wilson Avenue	Street Address:
City: East Providence State: RI Zip: 02916	City: State: Zip:
Secretary Name: RICHARD G. GRECO	Treasurer Name:
Street Address: 262 Wilson Avenue	Street Address:
City: East Providence State: RI Zip: 02916	City: State: Zip:

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

Director Name: RICHARD G. GRECO	Director Name:
Street Address: 262 Wilson Avenue	Street Address:
City: East Providence State: RI Zip: 02916	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VAL COM	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	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] * 5 1 2 9 6 *

File Date: FEB 22, 99
Check No.: 9437
By: [signature]
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] 02/16/99
Signature of Officer *Date*

RICHARD G. GRECO
Print or Type Name of Officer

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 51296

2. Name of Corporation RIVERSIDE PEDIATRICS, INC.

3. Street Address Principal Business Office 50 Amaral Street

City East Providence *State* RI *Zip* 02915

4. Business Phone No. (401) 434-8009

5. State of Incorporation RHODE ISLAND

6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing professional medical services and any other lawful purpose

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

President Name RICHARD G. GRECO
Street Address 262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

Vice President Name NONE
Street Address
City *State* *Zip*

Secretary Name RICHARD G. GRECO
Street Address 262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

Treasurer Name RICHARD G. GRECO
Street Address 262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

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

Director Name RICHARD G. GRECO
Street Address 262 Wilson Avenue
City East Providence *State* RI *Zip* 02916

Director Name
Street Address
City *State* *Zip*

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*
600 SHS	NO PAR VAL COM	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
200	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* 02/17/98

RICHARD G. GRECO
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 4-10-98

Check No.: 3115

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

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

PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 51296

2. Name of Corporation: ~~DR RICHARD G GRECO AND DR DOMINICK INDINDOLI INC~~ RIVERSIDE PEDIATRICS, INC.

3. Street Address Principal Business Office: 50 Amaral Street — City: East Providence — State: RI — Zip: 02915

4. Business Phone No.: (401) 434-8009

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island: Providing professional medical services and any other lawful purpose

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

President Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence — State: RI — Zip: 02916

Vice President Name: NONE
Street Address:
City: — State: — Zip:

Secretary Name: DOMINICK INDINDOLI
Street Address: 153 Moulton Street
City: Rehoboth — State: MA — Zip:

Treasurer Name: DOMINICK INDINDOLI
Street Address: 153 Moulton Street
City: Rehoboth — State: MA — Zip:

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

Director Name: RICHARD G. GRECO
Street Address: 262 Wilson Avenue
City: East Providence — State: RI — Zip: 02916

Director Name: DOMINICK INDINDOLI
Street Address: 153 Moulton Street
City: Rehoboth — State: MA — Zip:

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

Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VAL COM	

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	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] * 5 1 2 9 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: 02/18/97

RICHARD G. GRECO
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 1-21-97

Check No.: 7593

By: KP

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
51296	DR. RICHARD G. GRECO AND DR. DOMINICK INDINDOLI, I

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
50 Amaral Street	East Providence	RI	02915

4. BUSINESS PHONE NO	5. STATE OF INCORPORATION	6. SIC CODE
(401) 434-8009	RHODE ISLAND	9217

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Providing professional medical services and any other lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
RICHARD G. GRECO	262 Wilson Avenue	East Providence	RI	02916

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
0/0				

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DOMINICK INDINDOLI	153 Moulton Street	Rehoboth	MA	

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DOMINICK INDINDOLI	153 Moulton Street	Rehoboth	MA	

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
RICHARD G. GRECO	262 Wilson Avenue	East Providence	RI	02916

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DOMINICK INDINDOLI	153 Moulton Street	Rehoboth	MA	

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS NO PAR VAL COM			200	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 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

RICHARD G. GRECO
Print or Type Name of Officer

PRESIDENT
Title of Officer

02/20/96
Date

File Date: 2/20/96

Check No: 2183

By: CP

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: 0051296 Annual Report for the year: 1995

Name of Corporation: DR. RICHARD G. GRECO AND DR. DOMINICK INDINDOLI, I

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

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

Phone: ( )

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Providing professional medical services and any other lawful purpose

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
50 Amaral Street
East Providence, RI

Phone: (401) 434-8009

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
RICHARD G. GRECO	262 Wilson Avenue,	East Providence, RI	02916
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
O/O			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
DOMINICK INDINDOLI	153 Moulton Street,	Rehoboth, MA	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
DOMINICK INDINDOLI	153 Moulton Street,	Rehoboth, MA	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
RICHARD G. GRECO	262 Wilson Avenue,	East Providence, RI	02916
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
DOMINICK INDINDOLI	153 Moulton Street,	Rehoboth, MA	
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
600	Common/No Par Value	200 Issued	Common/No Par Value

Date February 21, 19 95

By: RICHARD G. GRECO
PRINT NAME OF PERSON SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

JOSEPH A. LAMAGNA
50 SUMMIT STREET
PAWTUCKET RI 02860

FILED
FEB 10 1995
By CC 1653

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Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

PLPCK 6/1146 $200.
Payment ID# 51296, 32681, 64707, 72195

Corporate ID: 0051295 Annual Report for the year: 1994

Name of Business Entity: DR. RICHARD G. GRECO AND DR. DOMINICK IND

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:
N/A

Phone: ( )

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

Phone: (401) 434-8009

Business Entity is (check one):

[XX] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed.
Joseph A. Lamagna, Registered Agent
50 Summit Street
Pawtucket, RI 02860
(401) 724-6770

Brief statement of the character of business conducted in Rhode Island:
Providing professional medical services and any other lawful purpose.

Date of Organization: August 2[illegible], 1988

Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [XX] PRESIDENT (Check One)	Richard G. Greco	262 Wilson Avenue	East Providence, RI	02916
[ ] CHIEF OPERATING OFFICER OR [XX] VICE PRESIDENT (Check One)	N/A			
[ ] CUSTODIAN OF RECORDS OR [XX] SECRETARY (Check One)	Dominick Indindoli	153 Moulton Street	Rehoboth, Massachusetts	
[ ] CHIEF FINANCIAL OFFICER OR [XX] TREASURER (Check One)	Dominick Indindoli	153 Moulton Street	Rehoboth, Massachusetts	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard G. Greco	262 Wilson Avenue	East Providence, RI	02916
Dominick Indindoli	153 Moulton Street	Rehoboth, Massachusetts	

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	600	NUMBER	200 issued
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No par value	PAR VALUE OR WITHOUT PAR	No par value

Date: February 15, 19 94

By: [signature]

Richard G. Greco
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

FILED
MAR 21 1994
By MES9

JOSEPH A. LAMAGNA
50 SUMMIT STREET
PAWTUCKET RI 02860

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

PLP ✓ 696

Corporate ID 0051296 Annual Report for the year 1993

FIRST: The name of the corporation is DR. RICHARD G. GRECO AND DR. DOMINICK IN

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide professional medical services and to practice medicine, including but not limited to, the general practice of medicine, pediatrics, and any other lawful purpose

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 50 Summit Street, Pawtucket, RI 02860

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

Name	Office	Address (including number, street, zip code)
Richard G. Greco	Director	262 Wilson Avenue, East Providence, RI
Dominick Indindoli	Director	153 Moulton Street, Rehoboth, Massachusetts
	Director	
Richard G. Greco	President	262 Wilson Avenue, East Providence, RI
Dominick Indindoli	Vice President	153 Moulton Street, Rehoboth, Massachusetts
Dominick Indindoli	Secretary	153 Moulton Street, Rehoboth, Massachusetts
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par value

PAID
MAR 05 1993
SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

Dated February 16, 19 93 DR. RICHARD G. GRECO AND DR. DOMINICK INDINDOLI, INC.
(Name of Corporation)

By

(Report must be signed by an officer)

Title Richard G. Greco, President

Form 31 7/85

Filing Fee $50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051295 Annual Report for the year 1992

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Richard G. Greco	Director	262 Willson Avenue, East Providence, RI
Dominick Indindoli	Director	153 Moulton Street, Rehoboth, Massachusetts
	Director	
Richard G. Greco	President	262 Willson Avenue, East Providence, RI
	Vice President	
Dominick Indindoli	Secretary	153 Moulton Street, Rehoboth, Massachusetts
Dominick Indindoli	Treasurer	153 Moulton Street, Rehoboth, Massachusetts

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

Rec'd & Filed FEB 25 1992
9A 36
364

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

Dated 2-14- 19 92 DR. RICHARD G. GRECO AND DR. DOMINICK INDINDOLI, INC.
(Name of Corporation)

By [signature]
Richard G. Greco, President
Title

(Report must be signed by an officer)

Filing Fee $50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051296 Annual Report for the year 1991

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Dominick Indindoli	Director	153 Moulton Street, Rehoboth, Massachusetts
	Director	
Richard G. Greco	President	262 Wilson Avenue, East Providence, Rhode Island
	Vice President	
Dominick Indindoli	Secretary	153 Moulton Street, Rehoboth, Massachusetts
Dominick Indindoli	Treasurer	153 Moulton Street, Rehoboth, Massachusetts

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par value

PAID
JAN 22 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
200	Common		No par value

Dated 2-19-1991

DR. RICHARD G. GRECO AND DR. DOMINICK INDINDOLI, INC.
(Name of Corporation)

By

Title Richard G. Greco, President

(Report must be signed by an officer)

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 0051236 Annual Report for the year 1990

FIRST: The name of the corporation is DR. RICHARD G. GRECO AND DR. DOMINICK INDI

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide professional medical services and to practice medicine, including but not limited to, the general practice of medicine, pediatrics, and any other lawful purpose

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Dominick Indindoli	Director	153 Moulton Street, Rehoboth, Massachusetts
	Director	
Richard G. Greco	President	262 Wilson Avenue, East Providence, Rhode Island
	Vice President	
Dominick Indindoli	Secretary	153 Moulton Street, Rehoboth, Massachusetts
Dominick Indindoli	Treasurer	153 Moulton Street, Rehoboth, Massachusetts

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par value

EIGHTH: Number of Shares issued:

PAID
FEB 12 1990
STATE

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

Dated 2/1 1990

DR. RICHARD G. GRECO AND DR. DOMINICK INDINDOLI, INC.
(Name of Corporation)

By

Title Richard G. Greco, President

(Report must be signed by an officer)

Form 31 '/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051295 Annual Report for the year 1989

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Dominick Indindoli	Director	153 Moulton Street, Rehoboth, MA
	Director	
Richard G. Greco	President	262 Wilson Avenue, East Providence, RI
	Vice President	
Dominick Indindoli	Secretary	153 Moulton Street, Rehoboth, MA
Dominick Indindoli	Treasurer	153 Moulton Street, Rehoboth, MA

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

PAID FEB 27 1989

Dated 2/15/ 1989

DR. RICHARD G. GRECO AND DR. DOMINICK INDINDOLI, INC.
(Name of Corporation)

By

Title Richard G. Greco, President

(Report must be signed by an officer)

Form 31 1-85