

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

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

Form 630 Rev. 12/03

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Gorporate ID Na	2. Name of Corpor	ration			
51296	RIVERSIDE	PEDIATRICS, INC.			
3. Street Address Principal Business (	)ffice		City	State	Zip
50 Amaral Street			East Providence	RI	02915
4. Business Phone No.		5. State of Incorporation			6. SIC Code
7 Real December of the Chamber	<u> </u>	RHODE ISLAN	<u>D</u>		9217
7. Brief Description of the Character of PROVIDING PROFESSI	of Business Conducted ONAL MEDICAL	d in Rhode Island SERVICES			
8. NAMES AND ADDRESSES			Tracertary	. <b>.</b>	
Pasident Name	OF THE OFFICE	ERS: ( X BUX FUK A)	Vice President Name	ACES BEFORE USI	NG ATTACHMENTS
RICHARD G. GRECO			NONE		
Stryt Address	<del></del> _		Street Address		· · · · · · · · · · · · · · · · · · ·
262 Wilson Avenue			Sirect Address		
City	State	Zip	: City	State	Zip
East Providence	RI	02916			, , , , , , , , , , , , , , , , , , ,
Secretary Name			: Treasurer Name		······································
RICHARD G. GRECO		<u></u>	RICHARD G. GRECO		
Sirvet Address			Street Address		
262 Wilson Avenue	<del></del>		262 Wilson Avenue		
City	State	Zip	City	State	Zip
East Providence	RI	02916	East Providence	RI	02916
9. NAMES AND ADDRESSES  Director Name	OF THE DIRECT	TORS: ("X" BOX FOR A		PACES BEFORE US	SING ATTACHMENTS
RICHARD G. GRECO			Director Name		
Sinvi Address	<del></del>		· Cross Add	<del>-</del>	
262 Wilson Avenue			Street Address		
City	State	Zip	City	State	In.
East Providence	RI	02916		Sinic	Zıp
Director Name	h	)	Director Name		
Street Address		_	Street Address	<del></del>	<u> </u>
···· <u>·</u> -					
City	State	Zip	City	State	Zip
		1			
10. SHARES AUTHORIZED (	"X" BOX FOR A	ITTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTAC	HMENT) 🗌
M'THORIZED SHARES Number of Shares		<u> </u>	ISSUED SHARES	<del>_</del>	
timose ty signes	<u>ClassiSeries</u>	Par Value	Number of Shares	Glass/Sertes	Par Value
600 COMM NO PAR VALUE			200	COMMON	NO PAR VALUE
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This report must be si	anad in ink hy c	olihan iku Danaldana Mira	D		
The report must be M	gned in link by e	entilet the president, vice	President, Secretary, Assistant S	secretary, Treasurer	Receiver or Trustee
1 188181 8		B BIII 1881			
		<u> </u>			
		<b>[                                    </b>			
	1784    U     1284    [84]		Under penalty of perjury	. I declare and affirm	that I have examined this report
F11 F-		10-	including any accompan	ying schedules and it	atements, and that all statement
FILE	ש		to make the management of the		00/15/05
	2005 - 15	E/X			02/15/05
Check No.		2	Signature of Officer		Date
By/	V)	_	RICHARD G. GRE		<u> </u>
By:		_	Print or Type Name of Off	icer	
FOR SECRETARY OF STAT	E USE ONLY		PRESIDENT		
			Title of Officer	<u> </u>	



# 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

Form 630 Rev. 12/03

PROFIT CORPO	RATION ANNUAL	REPORT FOR	THE YEAR	2004
	= -= <del>-</del>		TILD I DAK	ZUU <del>T</del>

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		g Fee: \$50.00			
1. Corporate ID No	2. Name of Corporation	···			
51296	RIVERSIDE PE	NATRICS INC			
3 Street Address Principal Business O	(Jice		City	State	Zip
50 Amaral Stree	<u>t</u>		East Providen		02915
4. Business Phone No. (401) 434–8009		5. State of Incorporation	1		6 SIC Code
7 Brief Description of the Character of	1 Business Candinas de	RHODE ISLAND	)	<u> </u>	9217
PROVIDING PROFESSIO	NAL MEDICAL SER	Knode Island /ICES			
8. NAMES AND ADDRESSES			TACHMENT) FILL IN	SDACES BESONS TICTLE	
President Name			Vice President Name	SPACES BEFORE USING	ATTACHMENTS
RICHARD G. GRECO	)		NONE		
Sircel Address		<del>-</del>	Street Address		
262 Wilson Avenu	<del> </del>				
City East Providence	State	2(p	City	State	Zip
Secretary Name	RI	[02916			
RICHARD G. GRECO	1		Treasurer Name	F.0.0	
Street Address	<u></u>		RICHARD G. GR	<u> </u>	
262 Wilson Avenu	ıe		262 Wilson Ave	enue	
City	State	Zip	City	State	Zip
East Providence	RI	02916	East Providence	00 PT	1 02016
9. NAMES AND ADDRESSES (	OF THE DIRECTOR	S: ("X" BOX FOR A	TTACHMENT) [] FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
RICHARD G. GRECO			Director Name		
Street Address			Street Address	<del>_</del>	
262 Wilson Avenu	e		Sireer Address		
A	State	Zip	City	State	Zip
East Providence	RI	02916			<i></i>
Director Name		*******************	Director Name		
Street Address					
anti Adansi			Street Address	<del>-</del>	
City	State	Zıp	City	- Ta	
		,	City	State	Zip
0. SHARES AUTHORIZED	X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*	'X" BOX FOR ATTACHA	.  VENTÍ□ - ••
AUTHORIZED SHARES			ISSUED SHARES		
Sumber of Shares C	Tass/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			200	COLOUGN	20 212 212
THE TAIL VACUE	<del></del>		200	COMMON	NO PAR VALUE
This report must be sign	ned in ink by cithe	r the Pensident Vice I	Propident Community		
F	iii iiii oy eniic	t the resident, vice i	President, Secretary, Assistan	it Secretary, Treasurer, R	ecciver or Trustee
# 100/EN ONE					
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			Mada to a control		· •
	1 1 2 0 4 4		including any accomp	ary, I declare and affirm that	I have examined this report ments, and that all statements
31/			contained herein are to	rue and corrects	nents, and that air statements
File Date	/]			SK	02/17/04
170	) ]		Signature of Officer		Date
Check No			RICHARD G. G	RECO	· <del>-</del>
ay:			Print or Type Name of (		<u> </u>
FOR SECRETARY OF SE			PRESIDENT		
FOR SECRETARY OF STATE	USE UNLY		Title of Officer		<del></del>

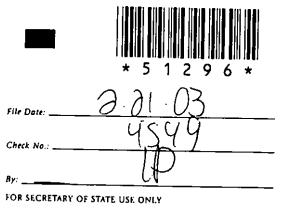


Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## 2002

Filing Period: January  (FORM MUST BE TYTED OR PRINTE					LINZI KOLJ.
1. Corporate ID No.	2. Name of Corporatio	n			
51296		DIATRICS, INC.			
3. Street Address Principal Business (	Office		City	State	71.
50 Amaral Street 4. Business Phone No.		5. State of Incorporation	East Providence		02914
(401) 434-8009 7. Brief Description of the Character of	of Business Conducted in A	RHODE ISLAND			6. SIC Code <b>9217</b>
Providing profess 8. NAMES AND ADDRESS President Name	sional medical ES OF THE OFFICE	l services and a ERS ("x" BOX FOR ATTACE	ny other lawful pur IMENT) FILL IN SPACES BE Vice President Name	Pose Fore using attach	MENTS
RICHARD G. GRECO Street Address			NONE Street Address		
262 Wilson Avenue	: State	Zip	City	State	71-
East Providence, Secretary Name	RI	02916	Treasurer Name		Zip 
RICHARD G. GRECO			RICHARD G. GREC	0 .	
262 Wilson Avenue	State	Zip	262 Wilson Aven	ue State	
East Providence, 9. NAMES AND ADDRESSE Director Name	RI ES OF THE DIRECT	02916 FORS (*x* box for attac	East Providence CHMENT) FILL IN SPACES E		21p 02916 HMENTS
RICHARD G. GRECO			Street Address		
262 Wilson Avenue	State	Zip	City	State	•
East Providence, Director Nume	RI · ·	02916	Director Name		Zip
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT)	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Por 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



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. 02/18/03 Signakura of OIL Date

RICHARD G. GRECO Print or Type Name of Officer

PRESIDENT

Title of Officer **₹** 

Form 630 12102



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1,335

# 401-222-3040

Filing Period: January	1-March 1	N ANNUAL RE			PLEASE RE INSTRUCTIO
(FORM MUST BE TYPED IN BLA 1. Corporate ID No.	C.K.)  2. Name of Corp.	esatlan			
51296	•				
3. Street Address Principal Business	Office	E PEDIATRICS, INC.	C.L.	_	
	.,,,		City	State	Zip
50 Amaral Street 4. Business Phone No.		5. State of Incorporation	East Provid	ence RI	02914 6. \$IC Code
(401) 434-8009 7. Brief Description of the Character	of Rusiness Conducte	RHODE ISLAND d in Rhode Island			9217
Providing profess 8. NAMES AND ADDRESS President Name	ional medic SES OF THE OF	al services and an FICERS (*X* BOX FOR ATTACE	y other lawful p HMENT) FILLIN SPACE Vice President Name	urpose S BEFORE USING ATTA	CHMENTS
RICHARD G. GRECO			NONE Street Address		
262 Wilson Avenue	State	Zip	City	State	Zip
East Providence George Name	RI	02916	Treasurer Name		•••
RICHARD G. GRECO			RICHARD G.	GRECO	
262 Wilson Avenue			262 Wilson	Avanua	
City	State	ZIp	City	State	Zip
East Providence P. NAMES AND ADDRESS Director Name	RI SES OF THE DIE	02916 RECTORS ("X" BOX FOR ATTA	East Provid CHMENT) FILL IN SPACE Director Name	ence RI CES BEFORE USING ATT	02916
RICHARD G. GRECO			Street Address		
262 Wilson Avenue			•		
Tity	State	Zip	City	State	Zip
East Providence	RI	02916	Director Name		
treet Address			Street Address	•	
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	(-x* BOX FOR ATTACHMEN	Τ)
umber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALU	<b>E</b>		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



Check No .:

FOR SECRETARY OF STATE USE ONLY

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

Common

Signature of Office

RICHARD . GRECO Print or Type Name of Officer

Title of Officer **⊲**\$≥ 5

PRESIDENT

Farm 630 12/01

No par value

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Number of Shares

600 COMM NO PAR VALUE

2. Name of Corporation

51296

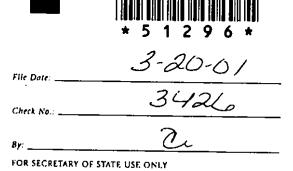
RIVERSIDE PEDIATRICS

			•		
3. Street Address Principal Business	Office		City	State	ZIp
50 Amaral Street  4. Business Phone No.		5. State of incorporation	East Providence	RI	02914
(401) 434-8009 7. Brief Description of the Charactes	of Business Conducted	RHODE ISLAND			* 821%
Providing profess	ional medica			ose FORE USING ATTA	ACHMENTS
RICHARD G. GRECO			Vice President Name  NONE  Street Address		
262 Wilson Avenue					
City —	State	Zip	City	State	Zip
East Providence Secretary Name	RI	02916	Treasurer Name		·
RICHARD G. GRECO			RICHARD G. GRECO		
262 Wilson Avenue	State	Zip	262 Wilson Avenue	Fere	-
East Providence P. NAMES AND ADDRESS Director Name	RI SES OF THE DIR	02916 ECTORS (*X* BOX FOR ATTAC	East Providence HMENT) FILL IN SPACES B	RI EFORE USING AT	zip 02916. <b>TACHMENTS</b>
RICHARD G. GRECO			Director Name		
262 Wilson Avenue			Street Address		
ity	State	Zip -	City	State	715
East Providence	RI	02916	Director Name	, DIOLE	ZIp
reet Address					
			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BI	OX FOR ATTACHMEN	(T)

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

Number of Shares

200



Class/Series

Par Value

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. 02/20/01 Date ATCHARD G. GRECO Print or Type Name of Officer

Class/Series

Common

Par Value

No par value





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

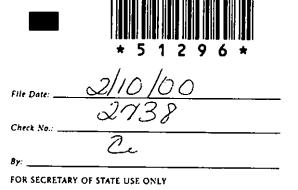
# 401-222-3040

DD OFTE CORP.				0.00	
PROFIT CORPO	ORATION 1-March 1 •	I ANNUAL REP Filing Fee: \$50.00	ORT FOR THE	YEAR 200	
(FORM MUST BE TYPED IN BLAC	CK)				
1. Carparate ID No. <b>51296</b>	2. Name of Corpor RIVERSIDE	ation E PEDIATRICS, INC.			`
3. Street Address Principal Business C	Office		City	State	Zip
50 Amaral Street  4. Business Phone No.		5. State of Incorporation	East Providence	RI	02915 6. SIC Code
(401) 434-8009 7. Brief Description of the Character of	of Business Conducted	RHODE ISLAND in Rhode Island			9217
Providing profess	ional medic	al services and an	y other lawful pur	pose	
8. NAMES AND ADDRESS President Name	ES OF THE OFF	TICERS ("X" BOX FOR ATTACH		EFORE USING ATTA	CHMENTS
RICHARD G. GRECO			NONE Street Address		
262 Wilson Avenue					
City	State	Zip	City	State	Zip
East Providence	RI	02916			<b>∵r</b>
eccetary Name		-	Treasurer Name		
RICHARD G. GRECO					
treet Address		•	Street Address		
262 Wilson Avenue					
City	State	Zip	City .	State	Zip
East Providence	RI	02916	·		<b>r</b>
D. NAMES AND ADDRESSI	ES OF THE DIR	ECTORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING AT	TACHMENTS
RICHARD G. GRECO					
treet Address			Street Address		
262 Wilson Avenue					
ity	State	Zip	City	State	Zip
East Providence	RI	02916			
Director Name	• • • •	• • • • • • • • • • • • • • • • • • • •	Director Name		
treet Address	•		Street Address		
City	State	Zip	City	State	Złp
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	T)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Dar Value

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

Number of Shares

200



600 SHS NO PAR VAL COM

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 besets are true and correct. 02<u>/15</u>/.00 Date

Class/Series

COMMON

Par Volue

NO PAR VALUE

RICHARD G. GRECO

Print or Type Name of Officer

PRESIDENT



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

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(FORM MUST BE TYPED IN I	BLACK)				(103
1. Corporate ID No.	2. Name of Corpo	ration	<del>-</del> · -		
51296	RIVERSID	E PEDIATRICS, INC.			
3. Street Address Principal Busin	iess Office		City	State	ZIP
50 Amaral St	reet		East Provi		02915
4. Business Phone No.		S. State of Incorporation	= = = = = = = = = = = = = = = = = = = =	L =	6. SIC Code
(401) 434-800	09	RHODE ISLAND	1		•
7. Brief Description of the Chara	cter of Business Conducted	in Rhode Island	•	•	9217
		dical services and	any other lawf	ul nurnose	
8. NAMES AND ADDR	ESSES OF THE OF	FICERS ("X" BOX FOR ATTACH	MENT) ( FILL IN SPACE	CES BEFORE USING ATTAC	HMENTS
riestuent Name			Vice President Name	- · · · · · · · · · · · · · · · · · · ·	· · · - <del> · · · · ·</del> -
RICHARD G. GI	KECO		NONE		
Street Address			Street Address		·
262 Wilson Av					q
City	State	Zip	City	State	- ZIp
East Provider	nce RI	02916	<b>:</b>		
Secretary Name			Treasurer Name	** ************ -**********	***************************************
RICHARD G. GE	RECO				
Street Address			Street Address	- ·- · · · · · · · · · · · · · · · · ·	<del></del>
262 Wilson Av	<i>r</i> enue		:		
City	State	ZIp	City	State	Zip
East Provider		02916	•	•	
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SP.	ACES BEFORE USING ATTA	CHMENTS
Contector Name			Director Name	·	<del>-</del>
RICHARD G. GF	RECO		:		
Street Address			Street Address	•	· · - · • -
262 Wilson Av	renue		•		
City	State	Zip	City	State	Zip
East Provider	ice RI	02916	•		1
Director Name	•	•••••	Director Name		
Street Address		•	Street Address	•	
City	State	Zip	City	State	+
<del>-</del>			•	1	
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)		O ("X" BOX FOR ATTACHMENT.	
Number of Shares	Class (Sayles		ISSUED SHARES		
oc. of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR V	AL COM		200	Common	No par value
				·	no pur vurue
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		<b>√-</b>			<del></del>
his report must be sig	ned in ink by eith	ner the President, Vice Pr	esident, Secretary, A	ssistant Secretary, Treasu	rer, Receiver or Trustee
			•	<i>,.</i>	
	6)	riii i <b>a c</b> i			

* 5 1 2 9 6 *
W32,99
3437
F 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 esertine and correct.

Signature of Officer

Date

Date

RICHARD G. GRECO

Print or Type Name of Officer

PRESIDENT



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



(FORM MUST BE TYPED IN BLACK	)				INSTRUCTION
1. Corporate ID No.	2. Name of Corporation				
51296	RIVERSIDE	PEDIATRICS, IN	C.		
3. Street Address Principal Business Offi			City	State	Zip
50 Amaral Street			East Providence	RI	02915
4. Business Phone No.		S. State of Incorporation		***	6. SIC Code
(401) 434-8009		RHODE ISLAN	ND		9217
7. Brief Description of the Character of i	Business Conducted in Rh	ode Island			7217
Providing profession	onal medical	services and any	y other lawful purpo	ise .	
8. NAMES AND ADDRESSES	OF THE OFFICE	RS (*X* BOX FOR ATTACH)	MENT)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 4
President Name		NO THE DOME TO THE THE	Vice President Name		
RICHARD G. GRECO			NONE		
Street Address			Street Address		
262 Wilson Avenue					
City	State	Zip .	City	State	71-
East Providence	RI	02916	J.,	31012	Zip
Secretary Name		92720	Treasurer Name		
RICHARD G. GRECO			RICHARD G. GRECO		
Street Address			Street Address		
262 Wilson Avenue			262 Wilson Avenue		
City	State	Zip	Clry		
East Providence	RI	•	East Providence	State	Zip
9. NAMES AND ADDRESSES		02916		RI _	02916
Director Name	OF THE DIRECT	OKS CY BOX FOR ALLAC	MENI) Director Name		
RICHARD G. GRECO			Director Name		
Street Address			Second Address		
262 Wilson Avenue			Street Address		
	State	Zip		1	
•		•	City	State	Zip
East Providence Director Name	RI	02916	<b>8</b> 4		
			Director Name		•
Street Address			************		
			Street Address		
City	State	21p	CIT.		
,	J. 11.	2.14	City	State	Zip
10. SHARES AUTHORIZED (*	W. 00 × 00 + 100 +				•
AUTHORIZED SHARES	A BOX FOR ATTACHE	IENI)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
	Class (Sauto)	•	ISSUED SHARES		
cumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VAL	COM		200	_	
AND THE AND	OUN		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

File Date: _	4-10-98	
Check No.:	3115	
Ву:	AMF	
FOR SECRE	TARY 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 here to are true and correct.

02/17/98

RICHARD G. GRECO

Print or Type Name of Officer

PRESIDENT

Title of Officer

Dote 02/1//98



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

### PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 • Filling Fee: \$50.00

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J.	Corporate	ID	No.	
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2. Name of Corporation

51296 XDEXTRICHARIX SEX CHECONANDOR DOMINION INDIVIDUALIZATION RIVERSIDE PEDIATRICS 3. Street Address Principal Rusiness Office 50 Amaral Street East Providence RI 02915 4. Business Phone No. S. State of Incorporation 6. SIC Code (401) 434-8009 RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhade Island Providing professional medical services and any other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name RICHARD G. GRECO NONE Street Address Street Address 262 Wilson Avenue State Zip City State Zip East Providence RI 02916 Secretary Name Treasurer Name DOMINICK INDINDOLI DOMINICK INDINDOLI Street Address Street Address 153 Moulton Street 153 Moulton Street City State 2.10 State Z.Ip Rehoboth MA Rehoboth MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name RICHARD G. GRECO DOMINICK INDINDOLI Street Address Street Address 262 Wilson Avenue 153 Moulton Street City State Zin East Providence RI 02916 Rehoboth MA Director Name Director Name Street Address Street Address State 7.10 State Z.ip 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series l'ar Value Number of Shares Class/Series Par Value 600 SHS NO PAR VAL COM

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

200



FILE Date: 1-71-97

Check No.: 7593

By: 10

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 hyrein are true and correct.

COMMON

NO PAR VALUE

Signature of all free Park

RICHARD G. GRECO

PRESIDENT

#### PROFIL CORPORATION **ANNUAL REPORT**

1996

PLEASE TYPE OR PRINT IN BLACK INK.



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

1. CORPORATE ID NO.

CORPORATE ID NO.	2. NAME OF CORPORATION		The second state	<del></del>	
51296	DR. R	ICHARD G. GREC	CO AND DR. DOMINICK 1	INDINDOLT T	
. STREET ADORESS PARKOPAL BUSINESS OF	Hα		DIV DR. BONTATER	STATE . I	5-24
50 Amaral Street			1	(	ZIP COO€
BUSINESS PHONE NO		S. STATE OF INCORPORATION	East Providence	e RI	02915
(401) 434-8009		RHODE	ISLAND		6. SIC CODE
PRIEF DESCRIPTION OF THE CHARACTER OF	ระสสสติ มีเกิรเร่าเพิ่มเก้า 32 <del>วิเครเนี</del> ้	1			9217
	<del></del>		l any other lawful pu		
ESIDENT NAME	8 . NA M	MES AND ADD	RESSES OF THE OF	FICERS	
RICHARD G. GRECO			O/O	· <del></del>	
RET ADDRESS	ET ADORESS				
262 Wilson Avenue	e		STREET ADDRESS		
·	STATE	ZIP CODE	any	STATE	ZIP CODE
East Providence	RI	02916		1 3 12 12	ZIP CODE
ETARY NAME			TREASURER NAME	<del></del>	
DOMINICK INDINDOI	LI		DOMINICK INDING	OOLI	
			STREET ADDRESS		<del></del>
153 Moulton Stree	1 STATE	I ZIP COD€	153 Moulton Str		
Rehoboth	MA	Brook	aly	STATE	2)P CODE
			Rehoboth	MA	
CTOR NAME			RESSES OF THE DIR	ECTORS	
RICHARD G. GRECO			DOMINICK INDIND	01.7	
ET ADDRESS			STREET ADDRESS	OLI	<del></del>
262 Wilson Avenue			153 Moulton Str	eet	
	STATE	ZIP COOE	ary	STATE	ZIP CODE
East Providence	RI	02916	_Rehoboth_	MA	
			DIRECTOR NAME		
ET ADDRESS	·	<del></del>	STREET ADDRESS	·	
	STATE	DP 000€	arr	I STATE	∑/P C00€
					3
	10. SH	ARES AUTHOR	IZED AND ISSUED		
	AUTHORIZED SHARES			ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERES	PAR VALUE
600 SHS NO E	PAR VAL COM		200		
<del></del>		<del></del>	200	COMMON	NO PAR VALUE
•			<b>5</b>		
	<del></del>				<del> </del>
	·		!		
			·		-t
	I his r	eport must be SIG	INED IN INK by either the		
Presid	ent Vice Presides	t Sacratan A	tont Committee -		
Presid	ent, Vice Presiden	t, Secretary, Assis	tant Secretary, Treasurer, R	leceiver or Trustee	e <b>11</b>
Presid	ent, Vice Presiden	t, Secretary, Assis	tant Secretary, Treasurer, R  Under penalty of p	eriury. I declare and a	affirm that I have examine edules and statements, an

By: For Secretary of State Use Only

File Date:

Check No:

2/20/96

RICHARD G. GRECO Print or Type Name of Officer

PRESIDENT

Signature of Officer

02/20/96

Title of Officer

Date

# 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:				Annual Rer	wet for the your	1995	
	no d	ICHARD G.	GRECO	AND DR	NICTOL THE YEAR:	INDINDOLI,	7
Name of Corporation: Business entity organized under	the laws of the S	RI		~			<u> </u>
For foreign entity, address and i	elenhany numba	of animals and		Busines	s Entity is (check	one):	
N/A		or principal office	7	[ X] Bu	siness Corporation	n (See RIGL Chapter 7	-1.1)
				[ ] Pro	ofessional Service	Corporation (See RIGI	Chapter 7-5.1)
Phone: ()				TIONI	atus projes	racter of business condustrional medical	00*****
Address and telephone of the pr	incipal office of t	ousiness entity in R	hode	any o	ther lawful	purpose	. Services and
Island (Provide street address - : 50 Amaral Street	•						
East Providence, R				- <del></del>			
Phone: (401) 434-8009	4						
				IE OFFICE			
PRESIDENT			STREET ADD	RESS		CITY/STATE	ZIP CODE
RICHARD G. GRECO		262_Wilso	<u>n Avenue</u>	, East Pi	rovidence,	RI 02916	ZIPCODE
0/0			STREET ADD	RESS		TTY/STATE	ZiP CODE
SECRETARY			STREET ADD	PECC			
DOMINICK INDINDOLI		153 Moult				HY/STATE	ZIP CODE
TREASURER			STREET ADD	RESS		ITY/STATE	
DOMINICK INDINDOLI		<u>153 Moult</u>	on Stree	t, Rehobo	th, MA		ZIP CODE
KAME ————————————————————————————————————	————	THE NAM	IES OF THE STREET ADDR	EDIRECTO	RS ARE:		
RICHARD G. GRECO		262 Wilso				ITY/STATE	ZIP CODE
JAME — — — — — — — — — — — — — — — — — — —			STREET ADDR	RESS Pr	ovidence, R	RI 02916	
DOMINICK INDINDOLI	·	1 <u>53_Moult</u>	on Street	Rehobo		III/SIAIE	ZIP CODE
A,SIF.		· — — — — _	STREET ADDR	ESS		TY/STATE	ZIP CODE
- — — — — — — — — —							• • • • • • • • • • • • • • • • • • • •
UMBER OF SHARES AUTHORI	<b>———</b>	e attached)	<u></u>	NUMBER OF	SHARES ISSUED	AND OUTSTANDING (F	Rider may be attached)
	Class / Series			Number of Sh	iares	Class / Series	
600	Common/No	Par Value		200 Is	sued	Common/No Par	Value
<b></b>							
ate February	21, 19	 95			7/	<del>)</del>	
— <b>— — —</b>	,, , , , ,	<del></del>	By:_ RICH	ARD G	8ECO.		
rm 31 - 1/95			PRINT PRES	TOTAL TOTAL	R SIGNING		
	1) DC: C-:		TITLE OF OFFIC	ER SIGNING			
FASE NOTE IT I	DESIGNA	FED REGISTE	<u>RED AGEN</u>	T FOR SEF	RVICE OF PRO	OCESS:	
LEASE NOTE: If the registered	office and/or reg	gistered agent indi	cated below is	incorrect, For	m 9 must be filed.	<u> </u>	<del></del>

JOSEPH A. LAMAGNA 50 SUMMIT STREET PAWTUCKET RI 02860 FEB 1 0 1995

By CC 1653

Filing Fee \$50 00 Payable to: 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. I - Nov. I CORP. Jan. 1 - March 1

0051295 Corporate ID: \_\_\_\_\_\_\_ Annual Report for the year: \_ RICHARD G. GRECO AND DR. COMINICK INC Name of Business Entity: \_ Business Entity is (check one): Rhode Island Business entity organized under the laws of the State of \_ [XX] Business Corporation (See RIGL Chapter 7-1-1) Federal Taxpayer Identification Number: [ ] Professional Service Corporation (See RIGL Chapter 7-5.1) [ ] Limited Liability Company (See RIGL 7-16). For foreign entity, address and telephone number of principal office Name, title and mailing address of confact person to whom communications may be directed. Joseph A. Lamagna, Registered Agent 50 Summit Street Phone. ( Pawtucket, RI 02860 (401) 724-6770 .... Address and telephone of the principal office of husiness entity in Rhode Island (Provide street address Not P.O. Box). Brief statement of the character of business conducted in Rhode Island Providing professional medical services and 50 Amaral Street East Providence, Rhode Island any\_other lawful purpose Date of Organization: August 25, 1988 Date of Qualification to do business in Rhode Island (if foreign entity): Phone ( 401) 434-8009 THE NAMES OF THE OFFICERS ARE: TO CHIEF ENECUTIVE OFFICER OR XX PRESIDENT, CNEW ORD CJUNATE Richard G. Greco 262 Wilson Avenue CHIDA OPERATING OFFICER OR XXI. VICE, PRESIDENT (CASA ORG.) N/A CLISTODIAN OF RECORDS OR XXX SECRETARY (CNGA 154): STREET ADDRESS CIYSTATE 212 CODE Dominick Indindoli 153 Moulton Street Rehoboth, Massachusetts ACODE CHIPP PINASCIAL OFFICER OR XX PREASURER (CHICA OH) 153 Moulton Street Dominick Indindeli Rehobeth, Massachusetts THE NAMES OF THE DIRECTORS ARE: CITYSTATE 262 Wilson Avenue Richard G. Greco East Providence, RI <u>Dominick</u> Indiadoli 153 Moulton Street Rehoboth Massachusetts NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER NUMBER 600 200 issued CLAS\$ **CLASS** Common Common SERIES SERIES PAR VALUE OR No par value PAR VALUE OR No par value WITHOUT PAR WITHOUT PAR February 15, Richard G. Greco PRINT OR TYPE NAME OF OPTICER STONING President 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.

JOSEPH A. LAMAGNA 50 SUMMIT STREET PI 02880

PAWFUCKET

MAR 2 1 1994

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

## State of Rhode Island and Providence Plantations

<u>.</u>	PROVIDENCE, I	H MAIN STREET RHODE ISLAND 02903	010
rporate ID	)5129 <del>6</del>	Annual Report for the y	/ear1993
First: The name of	f the corporation is	DR. RICHARD G. GRE	CO AND DR. DOMINICH
THIRD: Character of actice medicine, i	of business, briefly stated, is ncluding but not limit	Rhode Island to provide professional me ed to, the general practic	dical services and to
d any other lawful			
FOURTH: If foreign	corporation, address of its p	rincipal office	
FIFTH: Business add	dress in Rhode Island 50	Summit Street, Pawtucket,	RI 02860
······			
SIXTH: Names and	addresses of its directors and	Officers: Address (including numb	(Attach rider if necessary) per, street, zip code)
Ichard G. Greco	Director	262 Wilson Avenue, East	Providence, RI
ominick Indindoli	Director	153 Moulton Street, Reho	oboth, Massachusetts
	Director		
ichard G. Greco	President	262 Wilson Avenue, East	Providence, RI
ominick Indindoli	Vice Preside	ent 153 Moulton Street, Reho	
ominick Indindoli	Secretary	153 Moulton Street, Reho	both, Massachusetts
······································	Treasurer		
SEVENTH: Number of	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that
600	Common	2410	par value No par value
	Shares issued:	MAR 0 5 1993	Par Value
EIGHTH: Number of		SECT OF STATE	or statement that shares are without
EIGHTH: Number of	Class	Series STATE	par value

(Report must be signed by an officer)

Title Richard G. Greco, President

(Name of Corporation)

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		Annual Report for the year				
First: The name of the	he corporation is					
SECOND: It is incorpo	rated under the laws of	Rhode Island				
THIRD: Character of lepractice medicine, incand any other lawful p	cluding but not limite	ed to, the general pr	al medical services and to actice of medicine, pediatrics,			
FOURTH: If foreign co	orporation, address of its pr	incipal office	······································			
Fifth: Business addre	ess in Rhode Island <sup>50</sup>	) Summit Street, Pawt	ucket, RI 02860			
SIXTH: Names and ad	dresses of its directors and		(Attach rider if necessary)			
Richard G. Greco	Director	262 Willson Avenu	e, East Providence, RI			
Dominick Indindoli	Director	153 Moulton Stree	t, Rehoboth, Massachusetts			
	Director					
Richard G. Greco	President	262 Willson Avenu	e, East Providence, RI			
	Vice Preside	nt				
Dominick Indindoli	Secretary	153 Moulton Stree	t, Rehoboth, Massachusetts			
Dominick Indindoli	Treasurer	153 Moulton Stree	t, Rehoboth, Massachusetts			
SEVENTH: Number of	Shares authorized:		Par Value or statement that			
No. of Shares 600	Class Common	Series	shares are without  No Par Value			
		CCR 25 1992				
Eібнтн: Number of S	Shares issued:	led FED is	Par Value or statement that			
No. of Shares	Class	) A 310 Series	shares are without par value			
200	Common	FEB 25 1992  180  180  180  180  180  180  180  18	No Par Value			
Dated 2	19 92 DR.		DR. DOMINICK INDINDOLI, INC.			
(Report must be sign	_		J , President			

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	VU5	1736	Annual Report for	r the year		
FIRST:	The name of the	e corporation is	DR. RICHARD G	. GRECO	AND DR. DOM	INICK I
SECOND:	: It is incorpora	ated under the laws of	Rhode Island			
Third:	Character of bu	usiness, briefly stated, ist.	o provide professiona	l medical	l services and	<u>to</u>
		7E 1	d to, the general pra			•••••
Fourth:	: If foreign cor	poration, address of its pri	incipal officeN/A	······································	••••••	
Fіғтн:	Business address	s in Rhode Island50	Summit Street, Pawtuc	ket, RI	02860	
Ѕіхтн:	Names and add	resses of its directors and		ing number, stree	(Attach rider if necess	sary)
Richard G.	Greco	Director	262 Wilson Avenue,	East Prov	vidence, Rhode	Island
Dominick Ir	ndindoli	Director	153 Moulton Street.	Rehoboth	n, Massachuset	ts.
	***************************************	Director	•••••	***********		•••••
Richard G.	Greco	President	262 Wilson Avenue,	East Prov	vidence, Rhode	<u>Is</u> land
••••••		Vice Presider	nt		•••••	•
Dominick Ir	ndindoli	Secretary	153 Moulton Street,	Rehoboth	n, Massachuset	ts
Dominick Ir	ndindoli	Treasurer	153 Moulton Street.	Rehoboti	n. Massachuset	ts
Seventh	i: Number of S	Shares authorized:			Par Value or statement that	
No. of Sha	ares	Class	Series (7) A 44	•	shares are without par value	•
600		Common	SECY OF S	D 1991	No par value	
Еібнтн:	Number of Sh	ares issued:	<sup>SEC'</sup> Y OF S	TATE	Par Value or statement that	
No. of Sha	ares	Class	Series	14.	shares are without par value	
200		Common		1	No par value	
Dated	2			feer		LI, INC.
(Re	eport must be signe	d by an officer) T	itle Richard G. Greco	, rreside	ent	

# State of Rhode Island and Providence Plantations

	CORPORAT 100 NORTI PROVIDENCE, R	atto producence plan nons division nain street hode island 02903	
Corporate ID 005125			the year 1590
		DR. KICHARD 6. GRE	ICO AND DR. SOMINICK IND
SECOND: It is incorpo	rated under the laws of	Rhode Island	
THIRD: Character of be practice medicine, included pediatrics, and any other pediatrics.	luding but not limite	ed to, the general prac	L.medical.services.and.to
FOURTH: If foreign co	rporation, address of its p	rincipal officeN/A	······
FIFTH: Business addre	ss in Rhode Island50Su	mmit.Street, Pawtucket	RhodeIsland02860
SIXTH: Names and ad	dresses of its directors and		(Attach rider if necessary)
Richard G. Greco	Director	262 Wilson Avenue, Ea	ast Providence, Rhode Island
Dominick Indindoli	Director	153 Moulton Street, 1	Rehoboth, Massachusetts
	Director		
n'-lla	President	262 Wilson Avenue, Ea	est Providence, Rhode Island
	Vice Preside	ent	
Dominick Indindoli	Secretary	153 Moulton Street, I	Rehoboth, Massachusetts
Dominick Indindoli	Treasurer	153 Moulton Street. I	Rehoboth, Massachusetts
SEVENTH: Number of	Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
600	Common		No par value
Eighth: Number of S	hares issued:	PA:	Par Value Or statement that
No. of Shares	Class	Sacias	shares are without
200	Common	STON OF	No nar value
Dated 2//	1990 D		DR. DOMINICK INDINDOLI, INC.
		By Rubfle	· .
(Report must be sign	ed by an officer)	Title Richard G. Greco, P	resident

Form 31 1/85

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

# State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET

	PROVIDENCE, I	RHODE ISL						· / ·
orporate ID	)51236		Annual Rep	port f	or the yea	ari	989	**********
First: The name	e of the corporation is	DR.			-			DOMINICK
SECOND: It is inc	corporated under the laws of	Rho	ie Island		•••••	•	••••••	
actice medicine,	r of business, briefly stated, is including but not limit by other lawful purpose	ted to,	the gener	al p	ractice	of m	edici	ine,
FOURTH: If foreign	gn corporation, address of its p	orincipal o	office	N/A				••••••
FIFTH: Business a	address in Rhode Island474	Broadwa	ay, Pawtuc	ket,	Rhode	Islan	d 028	360
SIXTH: Names an	nd addresses of its directors and	d officers:		ess (inclu	uding number	•		der if necessary)
chard G. Greco	Director	262	Wilson Ave	nue.	East P	rovid	lence.	RI
minick Indindoli	Director	1.531	Moulton St	rcet.	, Rehob	o.t.h	MA	•••••
••••••	Director	• • • • • • • • • • • • • • • • • • • •			•••••	••••••		•••••••
chard G. Greco	President	262	dilson Ave	nue.	East P	rovid	lence.	RI
	Vice Presid	lent	•••••••••••••••••••••••••••••••••••••••	•••••	•••••		•••••	
minickIndindoli	Secretary	1.5.3)	MoultonSt	reet.	Rehob	o.t.h	<u>MA</u>	•••••
minickIndindoli	Treasurer	1531	Moulton St	reet.	Rebob	o.t.h 🚛	MA	• • •
SEVENTH: Number	er of Shares authorized:					or	Par Vali	
No. of Shares	Class		Series			sha	ıres are w par valı	
0	Common					N	o par	value
Егдити: Number	r of Shares issued:			ρ	4/D	Or	Par Val	
No. of Shares	Class		Series FE	82	415 1 <sub>1989</sub> St		par valu	ithout
00	Common		***	1984	ST	N	o par	value
1ed 7/5/	/ 19 89	DR. RICE	HARD G. GR			DOMI	NICK	INDINDOLI,
		Ву			tu	<del></del> .	••••••	
(Report must b	e signed by an officer)	LitleKi	chard G. (	reco	, rresi	Laent		