



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 02903-1555
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. 32237 2 Name of Corporation Raymond F. Chaquette, M.D., Ltd.
3 Street Address Principal Business Office 235 PLAIN STREET City PROVIDENCE State RI Zip 02905-
4 Business Phone No 4012734400 5 State of Incorporation RHODE ISLAND 6 SIC Code 9211
7 Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL SERVICES

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

President Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905	Vice President Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905
Secretary Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905	Treasurer Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905

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

Director Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

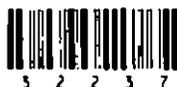
10. SHARES AUTHORIZED (X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

11. SHARES ISSUED (X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
2000	COMMON	NO PAR VALUE

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



3 2 2 3 7

32237 DBC 02/01/05 08 56:04 PM
File Date 2/14/05
Check No. 2002
By W.
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 Raymond F. Chaquette Date 4/6/05
President
Title of Officer
Form 610 1201



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

Matthew A. Brown, Secretary of State
Corporations Division
170 North Main Street, Providence, RI 02905-1335
401 222 2940

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: 32237
 2 Name of Corporation: Raymond F. Chaquette, M.D., Ltd.
 3 Street Address Principal Business Office: 235 PLAIN STREET
 City: PROVIDENCE State: RI Zip: 02905-
 4 Business Phone No: 4012734400 State of Incorporation: RHODE ISLAND SIC Code: 9217
 5 Brief Description of the Character of Business Conducted in Rhode Island: MEDICAL SERVICES

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

President Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905	Vice President Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905
Secretary Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905	Treasurer Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905

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

Director Name Raymond F. Chaquette Street Address 235 Plain Street City Providence State RI Zip 02905	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	Class Series	Par Value
8,000	NO PAR VALUE	

11. SHARES ISSUED (X BOX FOR ATTACHMENT)

ISSUED SHARES	Class Series	Par Value
2000	common	no par value

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



3 2 2 3 7

32237 OBC 01/12/04 09:29:46 PM
 File Date: 01/12/04
 Check No: 2004
 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 of Officer: [Signature] Date: 1-10-04
 Raymond F. Chaquette
 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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *32237* 2. Name of Corporation Raymond F. Chaquette, M.D., Ltd.
3. Street Address Principal Business Office 235 PLAIN STREET City PROVIDENCE State RI Zip 02905-
4. Business Phone No 4012734400 5. State of Incorporation RHODE ISLAND 6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL SERVICES

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

President Name Raymond F. Chaquette			Vice President Name Raymond F. Chaquette		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Raymond F. Chaquette			Treasurer Name Raymond F. Chaquette		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905

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

Director Name Raymond F. Chaquette			Director Name		
Street Address 235 Plain Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

11. SHARES ISSUED (X BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
2000	common	no par value

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



* 3 2 2 3 7 *

**32237* 2/12/03 2 15 57 PM*
File Date 3/5/03
Check No 76608
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
Raymond F. Chaquette, M.D.
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **32237** 2. Name of Corporation **Raymond F. Chaquette, M.D., Ltd.**
3. Street Address Principal Business Office **235 Plain Street** City **Providence** State **RI** Zip **02905**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island
Medical services

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

President Name **Raymond F. Chaquette** Vice President Name _____
Street Address **235 Plain Street** Street Address _____
City **Providence** State **RI** Zip **02905** City _____ State _____ Zip _____

Secretary Name **Raymond F. Chaquette** Treasurer Name _____
Street Address **235 Plain Street** Street Address _____
City **Providence** State **RI** Zip **02905** City _____ State _____ Zip _____

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

Director Name **Raymond F. Chaquette** Director Name _____
Street Address **235 Plain Street** Street Address _____
City **Providence** State **RI** Zip **02905** City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE		no par value	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
2000		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: 3-14-02
Check No.: 1354
By: [Signature]

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] Date _____
Raymond F. Chaquette, M.D.
Print or Type Name of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **32237** 2. Name of Corporation **D'Amico & Chaquette, M.D., LTD.**
3. Street Address Principal Business Office **235 Plain Street** City **Providence** State **RI** Zip **02905**
4. Business Phone No. **401-** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island
Medical services

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

President Name Raymond Chaquette, M.D.	Vice President Name Raymond Chaquette, M.D.
Street Address 235 Plain Street	Street Address 235 Plain Street
City State Zip Providence RI 02905	City State Zip Providence RI 02905
Secretary Name Raymond Chaquette, M.D.	Treasurer Name Raymond Chaquette, M.D.
Street Address 235 Plain Street	Street Address 235 Plain Street
City State Zip Providence RI 02905	City State Zip Providence RI 02905

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

Director Name Raymond Chaquette, M.D.	Director Name
Street Address 235 Plain Street	Street Address
City State Zip Providence RI 02905	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
8,000 NO PAR VAL.

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 common no par value

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



* 3 2 2 3 7 *

FILED

File Date

FEB 15 2001

Check No.

By **CC 32102**

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.

10:11d T
Raymond F. Chaquette **2-13-01**
Signature of Officer
President
Date
Print or Type Name of Officer
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 02903-1333
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **32237** 2. Name of Corporation **D'Amico & Chaquette, M.D., LTD.**
3. Street Address Principal Business Office **7 Peter P. D'Amico** City **Providence** State **RI** Zip **02906**
194 Waterman Street 4. Business Phone No. **401/273-4400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name Raymond Chaquette, M.D. Street Address 235 Plain Street City Providence State RI Zip 02905	Vice President Name Raymond Chaquette, M.D. Street Address 235 Plain Street City Providence State RI Zip 02905
Secretary Name Raymond Chaquette, M.D. Street Address 235 Plain Street City Providence State RI Zip 02905	Treasurer Name Raymond Chaquette, M.D. Street Address 235 Plain Street City Providence State RI Zip 02905

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

Director Name Raymond Chaquette, M.D. Street Address 235 Plain Street City Providence State RI Zip 02905	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	Class/Series	Par Value
8,000	NO PAR VAL.	

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

ISSUED SHARES	Class/Series	Par Value
2,000	Common	No Par

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



* 3 2 2 3 7 *

File Date: 4/14/00
Check No.: 8887
By: RD

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.

Raymond Chaquette 3/6/00
Signature of Officer Date

Raymond Chaquette, M.D.
Print or Type Name of Officer
Vice 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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 32237		2. Name of Corporation D'Amico & Chaquette, M.D., LTD.	
3. Street Address Principal Business Office 235 Plain Street		City Providence	State RI
4. Business Phone No. (401) 272-9880		5. State of Incorporation RHODE ISLAND	6. SIC Code 9217
7. Brief Description of the Character of Business Conducted in Rhode Island Medical Services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Richard P. D'Amico		Vice President Name Raymond F. Chaquette	
Street Address 235 Plain Street		Street Address 235 Plain Street	
City Providence	State RI	City Providence	State RI
Zip 02905	Zip 02905	Zip 02905	Zip 02905
Secretary Name Raymond F. Chaquette		Treasurer Name Richard P. D'Amico	
Street Address 235 Plain Street		Street Address 235 Plain Street	
City Providence	State RI	City Providence	State RI
Zip 02905	Zip 02905	Zip 02905	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Richard P. D'Amico		Director Name	
Street Address 235 Plain Street		Street Address	
City Providence	State RI	City	State
Zip 02905	Zip	Zip	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip	Zip	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
8,000 NO PAR VAL.		2,000	Common
			No Par

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



* 3 2 2 3 7 *

File Date

02-03-99

Check No.

8373

By:

RD/

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.

Richard P. D'Amico
Signature of Officer

1/29/99
Date

Richard P. D'Amico
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



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. **32237** 2. Name of Corporation **D'Amico & Chaquette, M.D., LTD.**

3. Street Address Principal Business Office **235 Plain Street** City **Providence** State **RI** Zip **02905**

4. Business Phone No. **(401) 272-9880** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9217**

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

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

President Name
Richard P. D'Amico
Street Address
235 Plain Street
City **Providence** State **RI** Zip **02905**

Vice President Name
Raymond F. Chaquette
Street Address
235 Plain Street
City **Providence** State **RI** Zip **02905**

Secretary Name
Raymond F. Chaquette
Street Address
235 Plain Street
City **Providence** State **RI** Zip **02905**

Treasurer Name
Richard P. D'Amico
Street Address
235 Plain Street
City **Providence** State **RI** Zip **02905**

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

Director Name
Richard P. D'Amico
Street Address
235 Plain Street
City **Providence** State **RI** Zip **02905**

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
8,000 NO PAR VAL.

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2,000 Common No Par

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



File Date: 2.9.98
Check No.: 7342
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] 2/3/98
Signature of Officer Date
Richard P. D'Amico
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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 32237		2. Name of Corporation D'Amico & Chaquette, M.D., LTD.			
3. Street Address Principal Business Office 235 Plain Street			City Providence	State RI	Zip 02905
4. Business Phone No. (401) 272-9880		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217	
7. Brief Description of the Character of Business Conducted in Rhode Island Medical Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Richard P. D'Amico			Vice President Name Raymond F. Chaquette		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Raymond F. Chaquette			Treasurer Name Richard P. D'Amico		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Richard P. D'Amico			Director Name		
Street Address 235 Plain Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VAL.		2,000	COMMON	NO PAR

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



* 3 2 2 3 7 *

File Date: 4/30/97
 Check No.: 6764
 By: GAB
 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.

Richard P. D'Amico 4/25/97
 Signature of Officer Date

Richard P. D'Amico

Print or Type Name of Officer

President

Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



STATE OF RHODE ISLAND AND PROVIDENCE TERRITORIES
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATION ID NO 32237		2 NAME OF CORPORATION D'Amico & Chaquette, M.D., LTD.		
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 235 Plain Street		CITY Providence	STATE RI	ZIP CODE 02905
4 BUSINESS PHONE NO (401) 272-9880		5 STATE OF INCORPORATION RHODE ISLAND		6 SIC CODE 9217
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Medical services				

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Richard P. D'Amico			VICE PRESIDENT NAME Raymond F. Chaquette		
STREET ADDRESS 235 Plain Street			STREET ADDRESS 235 Plain Street		
CITY Providence	STATE RI	ZIP CODE 02905	CITY Providence	STATE RI	ZIP CODE 02905
SECRETARY NAME Raymond F. Chaquette			TREASURER NAME Richard P. D'Amico		
STREET ADDRESS 235 Plain Street			STREET ADDRESS 235 Plain Street		
CITY Providence	STATE RI	ZIP CODE 02905	CITY Providence	STATE RI	ZIP CODE 02905

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Richard P. D'Amico			DIRECTOR NAME		
STREET ADDRESS 235 Plain Street			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02905	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000	NO PAR VAL.		2,000	Common	No Par

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.

Richard P. D'Amico
Signature of Officer

Richard P. D'Amico
Print or Type Name of Officer

President
Title of Officer

3-31-96
Date

File Date:

4/9/96

Check No.

6162

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: 0032237 Annual Report for the year: 1995

Name of Corporation: ~~Richard P. D'Amico, M.D., P.A.~~ Richard P. D'Amico, M.D., Ltd.

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

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

Phone: ()

Brief statement of the character of business conducted in Rhode Island:
Professional medical corporation

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

c/o Peter P. D'Amico, Esquire
194 Waterman Street
Providence, RI 02906
 Phone: (401) 273-4400

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Richard P. D'Amico, M.D.	720 Love Lane	Warwick, RI	
VICE PRESIDENT Raymond Chaquette, M.D.	185 Joseph Court	Warwick	
SECRETARY Raymond Chaquette, M.D.	Same as above		
TREASURER Richard P. D'Amico, M.D.	Same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard P. D'Amico, M.D.	Same as above		
Raymond Chaquette, M.D.	Same as above		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 8000 Class / Series Common No Par	Number of Shares 2000 Class / Series Common No Par

Date March 10, 19 95

By: [Signature]
RICHARD P. D'AMICO, M.D.
 PRINT OR TYPE NAME OF OFFICER 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.

Peter P. D'Amico
 194 Waterman Street
 Providence, RI 02906

FILED
 MAR 10 1995
 [Signature]

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 1 - Nov 1
CORP Jan 1 - March 1

file 1/16/99

Corporate ID 0032237 Annual Report for the year 1994

Name of Business Entity Professional Service Corporation Richard P. D'Amico, M.D., Ltd

Business entity organized under the laws of the State of Rhode Island
Federal Taxpayer Identification Number _____
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)
c/o Peter P. D'Amico, Esquire
194 Waterman Street
Providence, RI 02906
Phone (401) 273-4400

Business Entity is (check one):
 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
Peter P. D'Amico, Esquire
194 Waterman Street
Providence, RI 02906
Brief statement of the character of business conducted in Rhode Island
professional medical corporation
Date of Organization _____
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
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER (SEE RIGL 7-1.1)			
Richard P. D'Amico, M.D.	720 Love Lane	Warwick, RI	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER (SEE RIGL 7-5.1)			
Richard P. D'Amico, M.D.	Same as above		
<input type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)			
Richard P. D'Amico, M.D.	Same as above		
<input type="checkbox"/> TREASURER (SEE RIGL 7-1.1)			
Richard P. D'Amico, M.D.	Same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Richard P. D'Amico, 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	8000	NUMBER	1000
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No par value or statement that shares are without par value	PAR VALUE OR WITHOUT PAR	No par value or statement that shares are without par value

Date 5/13 1994 By Richard P. D'Amico
RICHARD P. D'AMICO, M.D.
President

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.

PETER P. D'AMICO
194 WATERMAN STREET
PROVIDENCE RI 02906

1994
8-10

DKB - 4569

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

Corporate ID 32237

Annual Report for the year 1993

FIRST: The name of the Corporation is RICHARD P. D'AMICO, M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation.

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico Esq. 194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address
Richard P. D'Amico, M.D.	Director	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	President	Same as above
Richard P. D'Amico, M.D.	Vice Pres.	Same as above
Richard P. D'Amico, M.D.	Secretary	Same as above
Richard P. D'Amico, M.D.	Treasurer	Same as above

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common	No Par Value	

EIGHTH: Number of Shares issued:

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

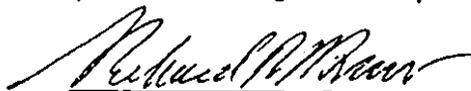
Dated: February 8, 1993

RICHARD P. D'AMICO, M.D., LTD.
(Name of Corporation)

PAID

MAR 26 1993

SECRETARY OF STATE



Richard P. D'Amico, M.D.
PRESIDENT

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

Corporate ID 32237

Annual Report for the year 1992

FIRST: The name of the Corporation is RICHARD P. D'AMICO, M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation.

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico Esq. 194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address
Richard P. D'Amico, M.D.	Director	720 Love Lane, Warwick, RI
	Director	
Richard P. D'Amico, M.D.	President	Same as above
Richard P. D'Amico, M.D.	Vice Pres.	Same as above
Richard P. D'Amico, M.D.	Secretary	Same as above
Richard P. D'Amico, M.D.	Treasurer	Same as above

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common	No Par Value	

EIGHTH: Number of Shares issued:

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

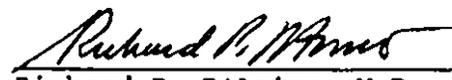
AMT
3968
Dated: February 25, 1992

PAID

MAR 17 1992

SECY C


RICHARD P. D'AMICO, M.D., LTD.
(Name of Corporation)


Richard P. D'Amico, M.D.
PRESIDENT

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

Corporate ID 32237

Annual Report for the year 1991

FIRST: The name of the Corporation is RICHARD P. D'AMICO, M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico Esquire, 194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address
Richard P. D'Amico, M.D.	Director	720 Love Lane, Warwick, RI
	Director	
Richard P. D'Amico, M.D.	President	Same as above
Richard P. D'Amico, M.D.	Vice Pres.	Same as above
Richard P. D'Amico, M.D.	Secretary	Same as above
Richard P. D'Amico, M.D.	Treasurer	Same as above

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	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	

PAID
FEB 20 1991
STATE

Dated January 7, 1991

RICHARD P. D'AMICO, M.D., LTD.
(Name of Corporation)

By 
Richard P. D'Amico, M.D.
PRESIDENT



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

Corporate ID 32237

Annual Report for the year 1990

AT

FIRST: The name of the Corporation is RICHARD P. D'AMICO, M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico Esq.
194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address
Richard P. D'Amico, M.D.	Director	720 Love Lane, Warwick, RI
	Director	
Richard P. D'Amico, M.D.	President	Same as above
Richard P. D'Amico, M.D.	Vice Pres.	Same as above
Richard P. D'Amico, M.D.	Secretary	Same as above
Richard P. D'Amico, M.D.	Treasurer	Same as above

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	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 January 15, 1990

REC'D. OF STATE
APR 15 1990
RICHARD P. D'AMICO, M.D., LTD.
(Name of Corporation)

By

Richard P. D'Amico
Richard P. D'Amico, M.D.
PRESIDENT

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

Corporate ID 32237

Annual Report for the year 1989

FIRST: The name of the Corporation is RICHARD P. D'AMICO, M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation

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

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico Esq.
194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address
------	--------	---------

Richard P. D'Amico, M.D.	Director	720 Love Lane, Warwick, R.I.
	Director	
	Director	
Richard P. D'Amico, M.D.	President	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	Vice President	720 Love Lane, War. RI
Richard P. D'Amico, M.D.	Secretary	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	Treasurer	720 Love Lane, Warwick, RI

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value
8,000	Common		or statement that shares are without par value
	No Par Value		

EIGHTH: Number of Shares Issued:

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

Dated January 12, 1989

RICHARD P. D'AMICO, M.D. LTD.
(Name of Corporation)

By
Richard P. D'Amico, M.D.
PRESIDENT

JAN 13 1989

د.ب.ب

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 32237

Annual Report for the year 1988

FIRST: The name of the Corporation is RICHARD P. D'AMICO, M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation

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

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico, Esq.,
194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address
Richard P. D'Amico, M.D.	Director Director Director	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	President	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	Vice President	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	Secretary	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	Treasurer	720 Love Lane, Warwick, RI

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value
8,000	Common No Par Value		or statement that shares are without par value

EIGHTH: Number of Shares Issued:

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

Dated 3/18 **PAID** 1988

RICHARD P. D'AMICO, M.D. LTD.
(Name of Corporation)

APR 22 1988

By Richard P. D'Amico President
Richard P. D'Amico, M.D.

SECY. OF STATE

(Report must be signed by an officer) Title PRESIDENT

APR 21 1988

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 32237

Annual Report for the year 1987

FIRST: The name of the Corporation is RICHARD P. D'AMICO, M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation

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

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico Esq.
194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:
Name Office Address

Richard P. D'Amico, M.D.	Director	720 Love Lane, Warwick, R.I.
	Director	
	Director	
Richard P. D'Amico, M.D.	President	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	Vice President	720 Love Lane, War. RI
Richard P. D'Amico, M.D.	Secretary	720 Love Lane, Warwick, RI
Richard P. D'Amico, M.D.	Treasurer	720 Love Lane, Warwick, RI

SEVENTH: Number of Shares Authorized:

No. of Shares	Class	Series	Par Value
8,000	Common		or statement that
	No Par Value		shares are without
			par value

EIGHTH: Number of Shares Issued:

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

Dated January 15 1987

RICHARD P. D'AMICO, M.D. LTD.
(Name of Corporation)

By Richard P. D'Amico
Richard P. D'Amico, M.D.

PAID

(Report must be signed by an officer) Title PRESIDENT

CLERK OF COURTS

APR 10 1987

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 32237 Annual Report for the year 1986

FIRST: The name of the corporation is Richard P. D'Amico, M.D., Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation

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

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico, Esq., 194 Waterman
Street, Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
Richard P. D'Amico, M.D.	Director	720 Love Lane, Warwick, Rhode Island
	Director	
	Director	
Richard P. D'Amico, M.D.	President	720 Love Lane, Warwick, Rhode Island
Richard P. D'Amico, M.D.	Vice President	720 Love Lane, Warwick, Rhode Island
Richard P. D'Amico, M.D.	Secretary	720 Love Lane, Warwick, Rhode Island
Richard P. D'Amico, M.D.	Treasurer	720 Love Lane, Warwick, Rhode Island

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	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

02/06/86 PAID

Dated January 31, 19 86

0090A001 RICHARD P. D'AMICO, M.D., LTD.
(Name of Corporation)

By *Richard P. D'Amico*

Title PRESIDENT

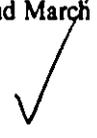
(Report must be signed by an officer)

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 32237 Annual Report for the year 1985

FIRST: The name of the corporation is HEMATOLOGY ONCOLOGY SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation

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

FIFTH: Business address in Rhode Island c/o Peter P. D'Amico, Esq., 194 Waterman Street,
Providence, RI 02906

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

Name	Office	Address (including number, street, zip code)
<u>Richard P. D'Amico, M.D.</u>	<u>Director</u>	<u>720 Love Lane, Warwick, Rhode Island</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Richard P. D'Amico, M.D.</u>	<u>President</u>	<u>As Above</u>
<u>Richard P. D'Amico, M.D.</u>	<u>Vice President</u>	<u>As Above</u>
<u>Richard P. D'Amico, M.D.</u>	<u>Secretary</u>	<u>As Above</u>
<u>Richard P. D'Amico, M.D.</u>	<u>Treasurer</u>	<u>As Above</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8,000</u>	<u>Common</u>		<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>Common</u>		<u>No Par Value</u>

Dated March 19 1985

HEMATOLOGY ONCOLOGY SERVICES, INC.
(Name of Corporation)

By Richard P. D'Amico

Title PRESIDENT

(Report must be signed by an officer)

05/16/85 PAID 15.00
RECEIVED
MAR 25 1985
STATE OF RHODE ISLAND
CORPORATIONS DIVISION