

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___ 2007

•. Piling Fee: \$50.00* Filing Period: January 1 - March 1 * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1,2-1501(c&d)) is subject to a penalty fee of \$25.00. 2. Name of Corporation
Boston IVF - Rhode Island Center, Inc. 1. Corporate ID No. 120773 3. Street Address Principal Business Office
222 Jefferson Boulevard, Suite 200 Oty Warwick R! 02888 5. State of Incorporation 4. Business Phone No. Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the practice of medicine, specifically the practice of in vitro fertilization and procedures directly related to it. 7. Names and addresses or the officers: ("X" box for attachment) 🔲 fill in spaces before using attachments Vice President Name President Name Steven R. Bayer, MD Street Address Street Address 428 Warren Street State City 02445 MA Brookline Secretary Nan Steven R. Bayer, MD Steven R. Bayer, MD Street Address Street Address same as above same as above State Zip 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | HILL IN SPACES BEFORE USING ATTACHMENTS Director Name Steven R. Bayer, MD Street Address Street Address same as above ZipZipCity State Director Name Şireci Adaress Street Address 7.in State City гэр State City 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9, shares authorized ("X" box for attachment) [ISSUED SHARES AUTHORIZED SHARES Par Value Class/Series Number of Shares Par Value Class/Series Number of Shares \$0.00 100 Common 8,000 No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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,	Under penalty of perjury, I declare and a including any accompanying schedules contained herein are true and correct.	affirm that I have examined this report and statements, and that all statement 8130/07
✓	Signature Signature	Date
	Steven R. Bayer, MD	
	Print or Type Name	
	President	
_	Title	Form 630 Rev. 12/05