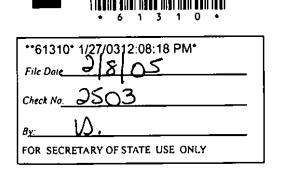




Office of the	ne Secretary of State				
·· PROFIT CORI	PORATION A	ANNUAL REPO	RT FOR THE Y	YEAR 2005	
Filing Period: January	1 - March I 🏓 Fi	ling Fee: \$50.00			
FORM MUST BE TYPED I					
I. Corporate ID No. *61310*	2. Name of Corpor Urgent Medic	odion cal Center of Smithfield	, Inc.		
3. Sircei Address Principal B 400 PUTNAM PIKE			<i>City</i> SMITHFIELD	<i>State</i> RI	<i>Zip</i> 02917
4. Business Phone No. 4012732687		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. Brief Description of the C	haracter of Business Conc IONAL AND EMERG	ducted in Rhode Island ENCY CARE MEDICINE	SERVICES TO THE G	ENERAL PUBLIC	
8. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)	ACES BEFORE USING AT	TACHMENTS
Daniel Halpren-	Ruder				
Sircei Address			Street Address		
40 Stimson Ave.					
City Providence	<i>State</i> R I	<i>Zip</i> 02906	City	State	Zip
Secretary Name		*	Treasurer Name		
Daniel Halpren-	Ruder		Daniel Halpren-	Ruder	
Sireet Address			Street Address		
40 Stimson Ave.			40 Stimson Ave.		
City	State	Zip	City	.State	2ip
Providence	RI	02906	Providence	RI	02906
	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) TFILL, IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Daniel Halpren-	Ruder				
Sircet Address			Sireei Address		
40 Stimson Ave.					
City	State	Ziρ	City	State	Zip
Providence	RI	02906	•		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED <i>("X" BOX FOR</i>	ATTACHMENT) 🔲	11. SHARES ISSUED (".	X" BOX FOR ATTACHMEN	vn 🗆
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

100



2,000 COMM NO 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.

Signature of Officer

Date

Date

Date

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

Common

No par value



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

Form 630 12/01

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and than all saturated to officer the Date Check No. MAR 25 2004 By M25 421	PROFIT CORP	'UKAIIUN 2 1-March I ● Fi	ANNUAL KEI iling Fee: \$50.00	PORT FOR THE	YEAR 2004	
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### Address Support	•			ield, Inc.	· ·	•
### ABURDER PROPERSIONAL AND EMERGENCY CARE MEDICINE ### ADDRESSES OF THE OFFICERS CX* BOX FOR ATTACHMENT) PILL IN SPACES BEFORE USING ATTACHMENTS ### Providence RI 02906 ### Providence RI 029	3. Street Address Principal Bu	isiness Office		City	State	Zip
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President Name Daniel Halpren-Ruder Since Address 40 Stimson Ave. City Solite Treasurer Name Daniel Halpren-Ruder Since Address 40 Stimson Ave. City Solite Treasurer Name Daniel Halpren-Ruder Since Address 40 Stimson Ave. City Solite Treasurer Name Daniel Halpren-Ruder Since Address 40 Stimson Ave. City Solite Treasurer Name Daniel Halpren-Ruder Since Address 40 Stimson Ave. City Solite Treasurer Name Derector Name Solite Treasurer Name Daniel Halpren-Ruder Since Address 40 Stimson Ave. City Solite Solite Solite Address Solite To 2906 Director Name Director Name Director Name Solite Solite To 2906 Director Name Director Name Solite To 2906 D			ducted in Rhode Island		ENERAL PUBLIC	-
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Providence RI 02906 Secretary Name Daniel Halpren-Ruder Since Address 40 Stimson Ave. City Stoke Zip City Vidence RI 02906 Providence RI 02906 Director Name Since Address Since Address Since Address Since Address Since Address City Stoke Zip City Stoke Ci	40 Stimson Ave.					
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Director Name Daniel Halpren-Ruder Street Address 40 Stimson Ave. City State Zip City State Zip Director Name Director Name Director Name Street Address Street Address City State Zip Director Name Street Address City State Zip This SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) SISSUED SHARES Number of Shares Class/Series Par Value 10. SHARES Number of Shares Class/Series Par Value 10. Common No par value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust Under penalty of perjury, I declare and affirm that I have examined this report, Include any accompanying schedules and statements, and than all statistics contained here are true and correct. Signature of Officer Date Date Tring Type Name of Officer Tring Type Name of Officer						
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and than all saturates contained herein are true and correct. Signature of officer Check No. MAR 25 2004 By: By M25 42	rumber by shares.	C123/36/163	- Tor Tolle		Clasiseries	
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. File Date Check No. MAR 2 5 2004 By: By M25 42 1	2,000 COMM NO PAR	R VALUE		100	Common	No par value
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**61310* 1/27/0312:08:18 PM* File Date Check No. MAR 2 5 2004 By: By M25 421. and that all statements contained herein are true and correct. Signature of efficer Date Primary pe Name of Officer	* 6 1	1 3 1 0 *				
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By M25 421 Primar Upe Name of Officer	Check No. MAR 25	2004		T '. 1"L .	ron Budor	Date
FOR SECRETARY OF STATE HOLD ONLY	Ry Mac	5.42.1	_		1	
FOR SECRETARY OF STATE USE ONLY	FOR SECRETARY OF STATE	TE LISE ONLY	-			

Title of Officer



**61310* 1/27/0312:08:18 PM;

FOR SECRETARY OF STATE USE ONLY

File Date_

Check No.

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 BI	LACK)					
1. Corporate ID No.	2. Name of Corpor		field Inc			
' 61310 '	<u> </u>	cal Center of Smith		10.	19	
3. Street Address Principal Busine			City	State RI	Ζιρ 02917	
400 PUTNAM PIKE, S	OLTE E		SMITHFIELD	KI		
4. Business Phone No.		5. State of Incorpor			6. SIC Code 9217	
4012732687		RHODE ISLA	IND		921/	
7. Brief Description of the Chara TO RENDER PROFESSION			NE SERVICES TO THE G	ENERAL PUBLIC		
3. NAMES AND ADDRESS President Name	es do lete dat	UCERS PRODUCEDO	Vice President Name	acija bardae Jonigaji	PARIMENS	
Daniel Halpren-Rud	er.		•			
Street Address		· · · · · · · · · · · · · · · · · · ·	* Street Address			
40 Stimson Ave.			:			
City	State	Zıp	City	State	Zip	
Providence	RI	02906	•			
Secretary Name	• • • • • • • •		Tréasurer Name			
Daniel Halpren-Rud	er		Daniel Halpren-	Ruder		
Street Address			* Street Address			
40 Stimson Ave.			.40 Stimson Ave.			
City	State	Zip	*City	State	Ζιρ	
Providence	RI	02906	. Providence	RI	02906	
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Director Name		SC. SALV (N. DAL)	Director Name			
Daniel Halpren-Rud	ler		•			
Street Address			· Street Address			
40 Stimson Ave.			•			
City	State	Zip	*City	State	Zip	
Providence	RI	02906	·			
Director Name	J		Director Name			
. WELLOW HAME			·			
Street Address			• Street Address			
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City	State	Zip	City	State	Zip	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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2,000 00///// 10 7 ATT						
This report must be signe	d in ink hy eith	or the President Vic	e President, Secretary, Assi	stant Secretary Treas	urer Receiver or Trustee	
This report must be signe	u in ink by enn	er the Frestaem, ric	e i realuent, occretary, man			
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	# 14 (#1 15 15 15 15 15 15 15			rjury, I declare and affirm		
- U I	J , U			g any accompanying schee		
	10.5114		and that all stateme	nts contained herein are tri	ue and correct.	

Dahiel Halpren-Ruder

Form 630 12/01

Print or Type Name of Officer

Title of Officer



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

2002

PROFIT COR!			PORT FOR THE	YEAR	PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BI	LAGK) 2. Name of Corporation	on.			
61310		Acute Care, Inc.			
3. Street Address Principal Rusine			City	State	Zip
400 Putnam Pi	ike – Suite 1	E	Smithfield	RI	02917
4. Business Phone No. (401) 273–268	_	5. State of Incorporation RHODE ISLAND	1		6. SIC Code 9217
7. Brief Description of the Charac To render pro			e medicine servi	ices to the p	general public
8. NAMES AND ADDRE	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTAC		EFORE USING ATTAC	CHMENTS
President Name Daniel Halpret	n_Ruder		Vice President Name None		
Street Address 40 Stimson Ave			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name Daniel Halpret	n-Ruder		Treasurer Name Daniel Halpre	en-Ruder	•
Street Address 40 Stimson Ave	enue		Street Address 40 Stimson Av	/enue	
City Providence	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRE Director Name Daniel Halpret		CTORS (*X* BOX FOR AT)	FACHMENT) FILL IN SPACES Director Name	S BEFORE USING ATT	ACHMENTS
Street Address 40 Stimson Ave	enue		Street Address		
Providence	State RI	21p 02906	City	State	Zip
Director Name			Director Name	• .	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	for Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR V	ALUE		100	Common	No par value

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



	1-16-02	
File Date	1172 = 0	
Check No.:	10258	
Ву:	de	
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 Aatements contained herein are true and correct.

Signature of Officer

Daniel Halpren-Ruder Print of Type Name of Officer

President

Title of Officer ⇒ 5

Form 630 12/01

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 PELASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN B	LACK)				
I. Carporate ID No. 61310	2. Name of Corpora Rhode Is	_{tion} Land Acute Care,	, Inc.		-
Stran Address Principal Busin	e offic Suite E		Cinsmithfield	State RI	ZQ2917
. Business Phone No. (401) 273-2687		5. State of Incorporation RHODE ISLA			6. SIC Code 9217
Brief Description of the Charac	cter of Business Conducted I	n Rhode Island			
			edicine services t		
	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name Daniel Halprer	-Ruder		Vice President Name None		
Street Address			: Street Address		· - · · · · · · · · · · · · · · · · · ·
40 Stimson Ave	nue		•		
Providence	State RI) Zip 02906	City	State	Zip
Secretory Name Daniel Halprer	ı-Ruder		Treasurer Name Daniel Halpre	n-Ruder	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Street Address			Street Address		
40 Stimson Ave	enue		; 40 Stimson Av	renue	
City	State	TZIp	City	State	Zip
Providence	RI	02906	Providence	RI	
	ESSES OF THE DIRI	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES REFORE USING ATTA	ACHMENTS
Director Name			* Director Name		
Daniel Halprer	n-Ruder		•		
Street Address		t. to	Street Address		
40 Stimson Ave	enue				
City	State	Zip	City	State	Zip
Providence	RI	. 02906			
Director Name	<u>,</u>		Director Name		,
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	ī) (C
AUTHORIZED SHARES			ESSUFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS COM	NO PAR VAL		100	Common	No Par Value
		*			
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nis report must be sig	gnea in ink by eiti	ier the President, vice	President, Secretary, Ass	istant secretary, ireas	uter, Receiver of Itust
1 [61	NO BITOT HORE HIST HOW OUT				
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* 6 1 3 1 0 *	
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File Date: FILED	— :
Check No.: MAR 1 5 2001	_ ;
By:	- .
FOR SECRETARY OF STATE USE ONLY	:

this report, including that all statements o		g schedules and statements, and true and correct.
44	m	3/1/01
Signatur of Officer	1	Dak
Daniel Hal	pren-Ruder	
Print or Type Name f Off	icei	·
President		
Title of Officer		



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



(FORM MUST BE TYPED IN BLACK	;)					
I. Corporate ID No. 61310	2. Name of Corporation Rhode Isla	nd Acute Care,	Inc.			
3. Street Address Principal Business Of	fice		City	State	Zip	
400 Putnam Pike -	Suite E		Smithfield	RI	02917	
4. Business Phone No.		S. State of Incorporation RHODE ISLA			6. SIC Code 9217	
(401) 273-268.7	Business Conducted in	/			:	
To render profess 8 ANAMES AND ADDRESSE President Name	ional and en SOFTHE OFFIC	ergency_care_n PRS_(x_10x10x10x1)	nedicine services to Contavité Distribute : Vice President Name	o the general p	ublic. Cuyl (Korsen)	
	Daniel Halpren-Ruder					
Street Address			Street Address			
40 Stimson Avenue	!					
City	State	Zip	City	State	Zip	
Providence	RI	02906	<u> </u>			
Secretary Name		•	Treasurer Name			
Daniel Halpren-Ru	der			Daniel Halpren-Ruder		
Street Address			Street Address			
40 Stimson Avenue			40 Stimson Av			
Clty	State	Zip	City	State	ZIp	
Providence	RI	02906	Providence	R1	የመጫና እና ያለተ የተነባቸውን እና ማንነው ቀሴ የመጀመርያዊ የሚኒያዊ ያቸው ያቸውን ያለበ ብሎ	
9. NAMES AND ADDRESSI	SOF THE DIRE	CTORS (*X; #OX FOR)	TTACHMENTA TILLEIN SPAN	es before using a 1	TACHINEN IS	
Daniel Halpren-Ru	ıder					
Street Address			Street Address			
40 Stimson Avenue	.					
City	State	Zip	City	State	Zip	
Providence	ŖI	02906	., .,	i •••••••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
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10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTA	CHMENT)	IS SHARES ISSUED	X, BOX FOR ATTACHME	Maderica stone and the	
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value	
2,000 SHS COM NO	PAR VAL		100	Common	No Par Value	
•					••	
				:		

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

	* 6 1 3 1 0 *
File Date:	4/11/00
Check No.:	9032
By:	OF STATE USE ONLY



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

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

(FORM MUST BE TYPED IN BLA	CK)					
1. Corporate ID No.	² Rhode Islai	nd Acute Care, Inc.			 	
3. Street Address Principal Business	Office		City	State	Zip	
400 Putnam Pike	e - Suite E		Smithfield.	RI	02917	
4. Business Phone No.		5 HYOOE'ISL'AN	ID		6. 51 929 7	
(401)_ 273-2687_ 7. Brief Description of the Character To_render_profe 8. NAMES AND ADDRES	of Business Conducted (ssional_and (emergency_care_me	dicine services to	the general pub BEFORE USING ATTACK	olic.	
President Name Daniel Halpren-	Ruder		Vice President Name			
Street Address		· ·· ···· - · · · · · · · · · · · · · · 	Street Address			
	110		*			
40 Stimson Aven	State	Zip	: City	State	Zip	
Providence	RI	02906	5.17		1	
			. Treasurer Name			
Secretary Name	D. daw		• *************************************	n-Ruder		
Daniel Halpren-	kuder		Daniel Halpren-Ruder			
Street Address 40 Stimson Aven	ue		Street Address 40 Stimson Avenue			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
Director Name Daniel Halpren- Street Address			Director Name Street Address			
40 Stimson Aven			<u> </u>	· · · · · · · · · · · · · · · · · · ·	··· T 2:	
Clty	State	Zip	Clly	State	Zip	
Providence	RI	02906				
Director Name			Director Name			
Street Address			Street Address		······································	
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	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	
2,000 SHS COM NO PAR VAL		100	Common	No Par Value		
	ed in ink by eit		President, Secretary, Assi	stant Secretary, Treasu	rer, Receiver or Trus	

	# 6 1 3 1 0 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	FILED	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. MATCH: 10, 1999
Check No.:	MAR 2 3 1999 By Cc, 849	Signature of Office Date Daniel Halpren-Ruder
By:FOR SECRETARY	OF STATE USE ONLY	Print or Type Name of Officer President Tule of Officer



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.

AUTHORIZED SHARES

Number of Shares

² Name of Cornoration Acute Care, Inc.

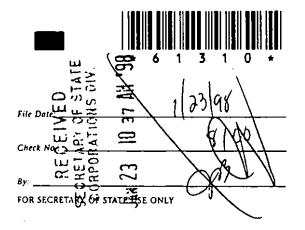
. Street Address Principal Busin	ess Office		City	State	Zip
115 Cass Avenu		S. AHODE ISCAI	Woonsocket ND	RI	02895 ^{6. sic} 6217
401) 273-2687 Brief Description of the Chara		in Rhode Island			
. NAMES AND ADDR		emergency care me ICERS (*X* BOX FOR ATTA		the general	public.
resident Name	- 1		Vice President Name		
Daniel Halpren	-Ruder				
treet Address			Street Address		
40 Stimson Ave					
Olty Providence	State RI	zip 02906	City	State	Zip
	· VT				
ecretary Name	D., d.,		Treasurer Name	n_Dudor	
Daniel Halpren	-Ruder		Daniel Halpren	i-kudei	
treet Address			Street Address		
40 Stimson Ave			40 Stimson Ave		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	R	02906
	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT			
Director Name Daniel Halpren	ı-Ruder		Director Name		
treet Address			Street Address		
40 Stimson Ave	nue				
lity	State	Zip	City	State	Zip
Providence	RI	02906			
Director Name			Director Name		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
0. SHARES AUTHORI	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHM	ENT)

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

ISSUED SHARES

100

Number of Shares



2,000 SHS COM NO PAR VAL

Class/Series

Par Value

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

Class/Series

Common

Par Value

No Par Value

Jules

Danie/ Halpren-Ruder

Print or Type Name of Officer

President

Signpture of Officer

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)

I. Corporate ID No.

2. Name of Corporation

61310

Rhode Island Acute Care, Inc.

3. Street A	Address Pri	ncipal	Business	Offic
115	Cass	Ave	enue	

•

City

Woonsocket

State

RI

Zip 02895

4 Rusiness Phone No.

S. State of Incorporation

6. SIC Code

(401) 273-2687

RHODE ISLAND

9217

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

To render professional and emergency care medicine services to the general public.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACK	HMENT
--	-------

. President Name

Vice President Name

Daniel Halpren-Ruder

Street Address

Street Address

40 Stimson Avenue

illy Providence Zip

State

State

Zip

Secretary Name

02906

Treasurer Name

Street Address

Daniel Halpren-Ruder

Street Address

40 Stimson Avenue

Daniel Halpren-Ruder

40 Clty

40 Stimson Avenue

Zip

Providence

State RI 21p 02906

Providence

RI

02906

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

Director Name

Director Name

Daniel Halpren-Ruder

Street Address

Street Address
40 Stimson Avenue

_

50000

Providence

DT

, _____ State

Zip

Director Name

RI

02906

Director Name

Street Address

Street Address

Clty

State

Zin

City

State

210

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares

Class/Series

Par Value

EQUED SHARE!

Number of Shares

President

Title of Officer

Class/Series

Par Value

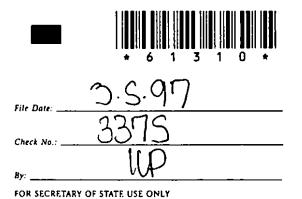
2,000 SHS COM NO PAR VAL

100

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.

Signiture of Office

Date

Print of Type Name of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



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

Ву:

iling Fee: \$50.00		PLEASE TYPE OR PRIE	IT IN RI ACK INK		
I. CORPORATE ID NO.	2. HAME OF CORPORATION	, come i ir e viir file			
61310	Rhode Is	land Acute Care	, Inc.		
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE			απν	STATE	ZIP COOE
115 Cass Avenue			Woonsocket	RI	02895
BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC COD€
(401) 273-2687		RHODE ISLA	ND		9217
BRITEF DESCRIPTION OF THE CHARACTER OF BUSH				h- 4b	oublia
To render profess	ional and eme			حم المحالية والمالية	public.
RESIDENT NAME	B. NAM	ES <u>A</u> ND ADDRES	SSES OF THE O	FFICERS	· ·
Daniel_Halpren_Ru	ider		1		
TREET ADDRESS	uc.		STREET ADDRESS		
40_Stimson_Avenue		T ZIP CODE	άΤΥ	STATE	ZIP CODE
ŀ		1		SIMIC	Dr wwe
Providence	RI_	02906	TREASURER NAME	<u>\</u>	
Daniel_Halpren-Ru	der		Daniel Halpr	en-Ruder	
TREET ADORESS			STREET ADDRESS		
40_Stimson_Avenue	STATE	∑2P C00€	40_Stimson_A	venue state	(20º 000€
			f) DT	02006
Providence-	P. RI. P. NAM	02906 ES AND ADDRES		IRECTORS	ــــ 02906 لـــ
RECTOR NAME			DRECTOR NAME	· -	
Daniel Halpren-Ru	der	 	STREET ADDRESS	<u> </u>	<u></u>
40_Stimson_Avenue	STATE	73º C00€	CITY	STATE	ZIP COOE
Providence	RI	02906		 	
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STREET ADDRESS			STREET ADDRESS	···	
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YIC	STATE	ZIP CO0€	arv	STATE	2P COOE
		<u></u>			<u></u>
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2,000 SHS COM	NO PAR VAL .	14.11	100	Common	No Par Value
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	- <u></u> -		<u>*</u>	<u> L</u>	_}_
D:		report must be SIGN			
Presid	ent, vice Presiden	it, Secretary, Assistat	1	er, Receiver or Truste	1/4
			Under penalty report, includi	of perjury, I declare and	affirm that I have examined the dules and statements, and the
1-1	1	:	all statements	contained herein are true	and correct.
2/12/	ls la		$\mathcal{A} \setminus \mathcal{A}$		
File Date:	10		Signature of C	Officer	
Check No: 550	3		Daniel_Ha	Ipreh-Ruder	A .

President Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 ANNUAL REPORT

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

401-277-3040 Make Checks Payable to: Secretary of State ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED Corporate ID: - 0061310 Annual Report for the Year: 1995 Name of Corporation: Rhode Island Acute Care, Inc. Business entity organized under the Business Entity is (check one): laws of the State of: Rhods Island [X] Business Corporation (See RIGL Chapter 7-1.1) For foreign entity, address and] Professional Service Corporation (See RIGL celephone number of principal office: Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island: Phone : () To render professional and emergency care medicine services to the general public. Address and telephone of the principal office of business entity in Rhode Island Provide street address - Not P.O. Box): 115 Cass Avenue Woonsocket, RI 02895 Phone: (401) 273-2687 THE NAMES OF THE OFFICERS ARE: PRESIDENT Daniel Halpren-Ruder Street Address 40 Stimson Avenue City/State Providence, RI SECRETARY Daniel Halpren-Ruder Street Address 40 Stimson Avenue Zip Code 02906 City/State Providence, RI TREASURER Street Address City/State Zip Code 02906 Daniel Halpren-Ruder 40 Stimmon Avenue Providence, RI THE NAMES OF THE DIRECTORS ARE: Street Address 40 Stimson Avenue City/State Providence, RI NAME Daniel Halpren-Ruder NAMR 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 2.000 Common N/A No Par Value Common N/A No Par Value 100 RHODE ISLAND ACUTS CARE, INC. Date Feb. 28 , 19 95 aniel ren-Ruder Type Name of Officer Signing rint

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:
Robert B. Berkelhammer, Esq., Licht & Semonoff, One Park Row, Providence, RI 02903

dent

Title of Officer Signing

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

 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 CORP: Jan. 1 - March 1 100 North Main Street

File Annually

1

Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0061310	Annual Repo	ort for the Year:	1994	
Name of Busin	ess Entity: Rhode Island Acute	Care, Inc.			
Business enti laws of the S	ty organized under the tate of: <u>Rhode Island</u>		ntity is (check or ness Corporation		pter 7-1.1)
Federal Taxpa Number:	yer Identification		essional Service (ter 7-5.1)	Corporation (See RIGL
	ntity, address and ber of principal office:	Name, title	ted Liability Comp e and mailing add	ress of conta	
		Daniel Hal: 40 Stimson	munications may been-Ruder, M.D., Avenue RI 02906	President	
Address and toffice of bus		Brief state conducted To render	ement of the charging Rhode Island: professional and of the dengary pub	acter of busi	e medicine
		Date of Or	ganization: Auq	ust 1, 1990	
Phone:(401)	2/3-268/	Date of Quality Island (if	alification to do foreign entity):	business in	Rhođe
	THE NAMES (OF THE OFFIC	ERS ARE:		
O Chief Execu	tive Officer or X President (Ch	neck One)	Street Address	City/State	Zip Code
Daniel Halpre	n-Ruder		40 Stimeon Avenu	e Providence.	RI 02906
□ Chief Opera	ting Officer or D V. President	(Check One)	Street Address	City/State	
Custodian o	f Records or X Secretary (Cl	heck One)	Street Address	City/State	Zip Code
Daniel Halpre	n-Ruder cial Officer or X Treasurer (Cl	heck Ome)	40 Stimeon Avenu Street Address	e Providence, City/State	RJ 02906 Zip Code
Daniel Halpre	•	,	40 Stimson Avenu	•	-
		F THE DIRECT			02500
Name			Street Address	City/State	Zip Cođe
Daniel Halpre	n-Ruder		40 Stimson Avenu	e Providence,	RI 02906
Name	CELTE		Street Address		
	EDR 0 2 1994			,,,	F
	By 22/9-2210	<u>c</u> ~			
NUMBER OF SHA	RES AUTHORIZED (If Applicable)		NUMBER OF SHARES	ISSUED AND	DUTSTANDING
NUMBER	2,000		NUMBER	100	
CLASS	Common		CLASS	Common	
SERIES	N/A		SERIES	N/A	
PAR VALUE OR WITHOUT PAR	NO PAR VALUE		PAR VALUE UR WITHOUT PAR	NO PAR VALUE	3
Date_ Te	, 19 <u>94</u>	By:	SLAND ACCTE CARE,	INC.	
		Prih Pres	t or Type Name of		ing
			e of Officer Sign		
	DESIGNATED REGISTERED OR RE	SIDENT AGENT	' FOR SERVICE OF P	ROCESS:	

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 0061310

Annual Report for the year 1993

FIRST: The name of the corporation is RHODE ISLAND ACUTE CARE, INC.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is to render professional and emergency care medicine services to the general public by persons authorized to practice medicine in the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island: 40 Stimson Avenue, Providence, Rhode Island 02906.

SIXTH: Names and addresses of its directors and officers:

<u>Name</u>	<u>Office</u>	Address
Daniel Halpren-Ruder	Director	40 Stimson Avenue, Providence, RI 02906
Daniel Halpren-Ruder	President	Same as above
Daniel Halpren-Ruder	Secretary	Same as above
Daniel Halpren-Ruder	Treasurer	Same as above

SEVENTH: Number of	Shares authorized	1:	that shares are without
No of Shares	<u>Class</u>	<u>Series</u>	par value
2000	common	n/a	No par value
EIGHTH: Number of S	hares issued:		Par Value or statement that shares are without
No of Shares	Class	<u>Series</u>	par value
100	common	n/a	No par value
Dated: F-Cb /9	1993		RHODE ISLAND ACUTE CARE, INC.

Dated: CM 1530

FFB 22 1993 (Report must be signed by an off Filed

Daniel

By:

(Name of Corporation)

Kuder

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 0061310

<u>Name</u>

N

Annual Report for the year 1991

FIRST: The name of the corporation is RHODE ISLAND ACUTE CARE, INC.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is to render professional and emergency care medicine services to the general public by persons authorized to practice medicine in the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office:

40 5 TimSon Aug. Providence, RL 02966
FIFTH: Business address in Rhode Island: 115 Cass Avenue, Woomsocket, Rhode Island 02895

Address

SIXTH: Names and addresses of its directors and officers:

Office

<u>itane</u>	OTTICE	HOSTIMSON AUE Provi	do no CT 03COL
Daniel Halpren-Ruder Daniel Halpren-Ruder Daniel Halpren-Ruder Daniel Halpren-Ruder	Director President Secretary Treasurer	115 Cass Ave., Hoonsoc Same as above Same as above Same as above	
SEVENTH: Number o	f Shares authorized:	:	Par Value or statement
No of Shares	<u>Class</u>	<u>Series</u>	that shares are without par value
2000	Common		No par value
EIGHTH: Number of	Shares issued:		Par Value or statement
No of Shares	Class	<u>Series</u>	that shares are without par value
100	Common	(No par value
Dated: 3/18	1991	RHODE ISLAND ACUTE CARE (Name of Corporation)	, INC.
		By: Daniel Halpren-Ruder	
(Report must be signed	by an officer)	Title: President	

PAID HAR 20 1991 SECY OF STATE Filing Fee: \$50.00

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

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID 0061310

Name

Annual Report for the year 1992

FIRST: The name of the corporation is **RHODE ISLAND ACUTE CARE, INC.**

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is to render professional and emergency care medicine services to the general public by persons authorized to practice medicine in the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office:

FIFTH: Business address in Rhode Island: 40 Stimson Avenue, Providence, Rhode Island 02906.

Address

SIXTH: Names and addresses of its directors and officers:

Office

Daniel Halpren-Ruder Daniel Halpren-Ruder Daniel Halpren-Ruder Daniel Halpren-Ruder	Director President Secretary Treasurer	40 Stimson Avenue, Pro Same as above Same as above Same as above	vidence, RI 02906
SEVENTH: Number o	f Shares authorized:		Par Value or statement that shares are without
No of Shares	<u>Class</u>	<u>Şeries</u>	par value
2000	Common	PAID	No par value
EIGHTH: Number of	Shares issued:	APR 2 2 1092	Par Value or statement
No of Shares	Class	SEFFICY OF STATE	that shares are without par value
100	Common	\	No par value
Dated: 나しるの	1992	RHODE ISLAND ACUTE CARE (Name of Corporation)	, INC.
		By: Daniel Halpyen-Ruder	~
(Report must be signed	by an officer)	Title: President	