

Please Type or Print

Filing Fee \$50.00
Payable to: Secretary of State

File Annually
LLC: Sept.1 - Nov.1
Corp: Jan.1 - Mar.1

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

Corporate ID 55309

Annual Report for the year 1994

Name of Business Entity: SPORTS MEDICINE RHODE ISLAND, INC.

Business entity organized under the laws of the State of <u>Rhode Island</u> <input checked="" type="checkbox"/> Federal Taxpayer Identification Number: <u>[REDACTED]</u>	Business Entity is (check one): <input type="checkbox"/> Business Corp. (See RIGL 7-1.1) <input checked="" type="checkbox"/> Professional Service Corp. (See RIGL 7-5.1) <input type="checkbox"/> Limited Liability Company (See RIGL 7-16)
For foreign entity, address and telephone number of principal office: Phone: () _____	Name, title and mailing address of of contact person to whom communications may be directed: <u>Gelfuso & Lachut, Incorporated</u> <u>1193 Reservoir Avenue</u> <u>Cranston, Rhode Island 02920</u> <u>(401) 942-4300</u>
Address and telephone of the principal office of business entity in RI (Provide street address-Not PO Box): <u>1524 Atwood Avenue</u> <u>Johnston, Rhode Island 02919</u> Phone: (401) <u>351-6200</u>	Brief statement of the character of business conducted in RI: <u>Sports medicine, physical therapy and all lawful business</u> Date of Organization: <u>4/17/89</u> Date of Qualification to do business in RI (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> Chief Executive Officer or <input checked="" type="checkbox"/> President (Check One)	Street Address	City/State	Zip Code
<u>A. Robert Buonanno, M.D.</u>	<u>1524 Atwood Ave.</u>	<u>Johnston</u>	<u>RI 02919</u>
<input type="checkbox"/> Chief Operating Officer or <input checked="" type="checkbox"/> Vice President (Check One)	Street Address	City/State	Zip Code
<u>Same</u>			
<input type="checkbox"/> Custodian of Records or <input checked="" type="checkbox"/> Secretary (Check One)	Street Address	City/State	Zip Code
<u>Same</u>			
<input type="checkbox"/> Chief Financial Officer or <input checked="" type="checkbox"/> Treasurer (Check One)	Street Address	City/State	Zip Code
<u>Same</u>			

THE NAMES OF THE DIRECTORS ARE:

Name	Street Address	City/State	Zip Code
<u>A. Robert Buonanno, M.D.</u>	<u>Same as above</u>		
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 <u>10,000</u>	NUMBER <u>100</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES _____	SERIES _____
PAR VALUE OR WITHOUT PAR <u>No par value</u>	PAR VALUE OR WITHOUT PAR <u>No par value</u>

Date 2/25, 19 94

By: [Signature]

Type or Print Name of Officer Signing

Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS

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

GELFUSO & LACHUT, INC.
1193 RESERVOIR AVENUE
CRANSTON, RI 02920

FILED
MAR 07 1994
BY: MEB 22972

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 55309

Annual Report for the year 1993

FIRST: The name of the corporation is SPORTS MEDICINE RHODE ISLAND, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: sports medicine, physical therapy and all lawful business

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

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue,
Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
A. Robert Buonanno	Director	1524 Atwood Ave., Johnston, RI 02919
A. Robert Buonanno	President	Same
Same	Vice Pres.	Same
Same	Secretary	Same
Same	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	common		no par value

EIGHTH: Number of Shares ~~issued~~ **Filed** **MAR 31 1993**

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

Dated _____ 1993

SPORTS MEDICINE RHODE ISLAND, INC.
(Name of Corporation)

By _____

(Report must be signed by an officer) Title _____

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 55309

Annual Report for the year 1992

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Cranston, Rhode Island

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Name	Office	Address (number, street, zip code)
A. Robert Buonanno	Director Director	1524 Atwood Ave., Johnston, RI 02919
A. Robert Buonanno	President	
Same	Vice Pres.	
Same	Secretary	
Same	Treasurer	

Rec'd & Filed DEC 31 1992
CWA, 3270

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	common		no par value

EIGHTH: Number of Shares issued:

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

Dated 12/30 1992

SPORTS MEDICINE RHODE ISLAND, INC.
(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

Filing Fee \$50.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055309

Annual Report for the year 1991

FIRST: The name of the corporation is SPORTS MEDICINE RHODE ISLAND,
INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: Sports related therapy

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

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue,
Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

Name	Office	Address (number, street, zip code)
A. Robert Buonanno	Director	1524 Atwood Ave., Johnston, RI 02919
A. Robert Buonanno	President	Same
Same	Vice Pres.	Same
Same	Secretary	Same
Same	Treasurer	Same

Rec'd & Filed DEC 31 1992
2179

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10,000	common		no par value

EIGHTH: Number of Shares issued:

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

Dated 12/30 1991

SPORTS MEDICINE
RHODE ISLAND, INC.
(Name of Corporation)

By [Signature]
Title [Signature]

(Report must be signed by an officer)

Filing Fee \$15.00

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

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CORPORATION DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

A-7

Corporate ID 55369 Annual Report for the year 1990

FIRST: The name of the corporation is SPORTS MEDICINE RHODE ISLAND,
INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated: sports related medicine
and physical therapy

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

FIFTH: Business address in Rhode Island 1193 Reservoir Avenue,
Cranston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

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A. Robert Buonanno	Director Director	1524 Atwood Ave., Johnston, RI 02919
A. Robert Buonanno	President	1524 Atwood Ave., Johnston, RI 02919
A. Robert Buonanno	Vice Pres.	Same
A. Robert Buonanno	Secretary	Same
A. Robert Buonanno	Treasurer	Same

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10,000	common		no par value

EIGHTH: Number of Shares issued:

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

Dated Feb. 13 1990

SPORTS MEDICINE RHODE ISLAND, INC.
(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

PAID
MAR 12 1990