#### Please Type or Print

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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 <u>55309</u> Annual Report for the year 1994 Name of Business Entity: SPORTS MEDICINE RHODE ISLAND, INC. Business entity organized under the Business Entity is (check one): laws of the State of Rhode Island [ ] Business Corp. (See RIGL 7-1.1) Federal Taxpayer Identification / [X] Professional Service Corp. , Number: / (See RIGL 7-5.1) ] Limited Liability Company For foreign entity, address and telephone number of principal office: (See RIGL 7-16) Name, title and mailing address of of contact person to whom communications may be directed: Gelfuso & Lachut, Incorporated Phone: ( 1193 Reservoir Avenue Address and telephone of the princi-Cranston, Rhode Island 02920 pal office of business entity in RI <u>(401)</u> 942-4300 (Provide street address-Not PO Box): Brief statement of the character of 1524 Atwood Avenue business conducted in RI: Johnston, Rhode Island 02919 Sports medicine, physical therapy <u>and all lawful business</u> Date of Organization: 4/17/89 Phone: (401) 351-6200 Date of Qualification to do business in RI (if foreign entity): THE NAMES OF THE OFFICERS ARE: ] Chief Executive Officer or Street Address City/State Zip Code [X] President (Check One) A. Robert Buonanno, M.D. 1524 Atwood Ave. <u>Johnston</u> <u>RI 02919</u> ] Chief Operating Officer or Street Address City/State Zip Code [X] Vice President (Check One) Same ] Custodian of Records or Street Address City/State Zip Code [X] Secretary (Check One) <u>Şame</u> Chief Financial Officer or Street Address City/State Zip Code [X] Treasurer (Check One) <u>Şame</u> THE NAMES OF THE DIRECTORS ARE: Name Street Address City/State Zip Code A. Robert Buonanno, M.D. <u>Same as above</u> Name Street Address City/State Zip Code Name Street Address City/State Zip Code NUMBER OF SHARES AUTHORIZED NUMBER OF SHARES ISSUED AND (If Applicable) OUTSTANDING (If Applicable) 10,000 NUMBER NUMBER 100 CLASS Common CLASS Common SERIES SERIES PAR VALUE OR PAR VALUE OR without/Par WITHOUT PAR No par value No par value 19 GU Date 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

MAR 07 1994 By MCF9 20972

Corporate ID <u>55309</u>		Annual Rep	ort for the year 1993
FIRST: The name of th	e corporation is	s SPORTS MEDI	CINE RHODE ISLAND, INC.
SECOND: It is incorp	orated under the	e laws of <u>Rh</u>	ede Island
THIRD: Character of	business briefly	y stated: <u>spo</u>	rts medicine, physical
therapy and all lawfu	l business		
FOURTH: If foreign co	rporation, addre	ess of its pr	incipal office:
FIFTH: Business addr	ess in Rhode Isl	land <u>1193 Res</u>	servoir Avenue,
Cranston, Rhode Isla	nd	<del></del>	
SIXTH: Names and add	resses of its di	irectors and o	officers:
Name	Office A	Address (numbe	er, street, zip code)
A. Robert Buonanno	Director 1 Director	1524 Atwood Av	ve., Johnston, RI 02919
A. Robert Buonanno Same Same Same	President Vice Pres. Secretary Treasurer		Same Same Same Same
SEVENTH: Number of Sl	nares authorized	1:	Par Value or statement
No. of Shares	Class	Series	that shares are without par value
10,000	common		no par value
EIGHTH: Number of Sha	ires haved Filed	MAR 31 1939	Par Value or statement
No. of Shares	Class	M. Series	that shares are without par value
100	common $\lambda_{i}^{i}$	15	no par value
Dated	1993	SPORTS MEDIC	INE RHODE ISLAND, INC.
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(Report must be signed	l by an officer	ν γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ	

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID_55309		Annual Repo	ort for the year 1992
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FIFTH: Business addre	ess in Rhode Is	land <u>1193 Re</u>	servoir Avenue,
Cranston, Rhode Islan	nd	<del>,</del>	
SIXTH: Names and addr	cesses of its d	irectors and	officers:
Name	Office	Address (numbe	er, street, zip code)
A. Robert Buonanno	Director Director		ve., Johnston, RI 02919 Filed DEC 31 1992
A. Robert Buonanno Same Same Same	President Vice Pres. Secretary Treasurer	VIII (. 6. )	Same Cw, 3276 Same Same Same
SEVENTH: Number of Sh	nares authorize	d:	Par Value or statement
No. of Shares	Class	Series	that shares are without par value
10,000	common		no par value
EIGHTH: Number of Sha	res issued:		Par Value or statement
No. of Shares	Class	Series	that shares are without par value
100	common	The state of the s	no par value
Dated 'Y\\)	1992	SPORTS MEDI (Name of	CINE RHODE ISLAND, INC.
(Report must be signed	d by an officer	) Title	

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

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corpora	te ID <u>0055309</u>		Annual Rep	port for the year 1991
FIRST:	The name of the	corporation is	SPORTS MED	ICINE RHODE ISLAND,
INC.		<u>,                                      </u>		
SECOND:	It is incorpor	ated under the la	aws of <u>Rho</u>	de Island
THIRD:	Character of bu	siness briefly s	tated: <u>Spor</u>	ts related therapy
FOURTH:	If foreign corp	poration, address	of its pri	ncipal office:
FIFTH:	Business addres	ss in Rhode Islan	d <u>1193 Res</u>	ervoir Avenue,
	con, Rhode Island			<del></del>
SIXTH:	Names and addre	esses of its dire		
Name		Office Add	lress (numbe	er, street, zip code)
A. Robe	ert Buonanno	Director 152	24 Atwood Av	re., Johnston, RI 02919
A. Rob	ert Buonanno Same Same Same	President Vice Pres. Secretary Treasurer	Se Se	ame am <b>Rec'd &amp; Filed</b> DEC 31 1992.  ame Control of the Dec 31 1992.
SEVENT	H: Number of Sh	ares authorized:		Par Value or statement that shares are without
No. of	Shares	Class	Series	par value
10,000	1	common		no par value
EIGHTH	: Number of Sha	res issued:		Par Value or statement that shares are without
No. of	Shares	Class	Series	par value
100		common		no par value
Dated	·250	1991		DICINE AND, INC. Corporation)
(Repo	rt must be signe	d by an officer)	ByTitle	Men -

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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and physical therapy			
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Cranston, Rhode Island	<u>d</u>		
SIXTH: Names and addre	esses of its d	lirectors and o	fficers:
Name	Office	Address (number	r, street, zip code)
A. Robert Buonanno	Director Director	1524 Atwood Ave	e., Johnston, RI 02919
A. Robert Buonanno A. Robert Buonanno A. Robert Buonanno A. Robert Buonanno	President Vice Pres. Secretary Treasurer	1524 Atwood Ave	Same Same Same
SEVENTH: Number of Sha	ares authorize	ed:	Par Value or statement
No. of Shares	Class	Series	that shares are without par value
10,000	common		no par value
EIGHTH: Number of Shar	res issued:		Par Value or statement
No. of Shares	Class	Series	that shares are without par value $nA(0)$
100	common		no par value
Dated <u>feb. 13</u>	1990	SPORTS MED: (Name of Co	CINE RHODE ISLAND, ANC.
(Report must be signed	by an officer	Title	healef