This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150.

See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NO. 15-R-0002 **CUSTOMER NO.** 266

FORM APPROVED
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY *(Name and Address, as registered with USDA, include Zip Code)*

RHODE ISLAND HOSPITAL
MIDDLE HOUSE 4TH AND 5TH
PROVIDENCE, RI 02903

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS*(sites)*

CENTRAL RESEARCH, MIDDLEHOUSE BLG.
PROVIDENCE, RI 02903

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY *(Attach additional sheets if necessary or use APHIS FORM 7023A)*

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic,analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. *(An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report)*	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
4. Dogs					
5. Cats			24		24
6. Guinea Pigs			84		84
7. Hamsters					
8. Rabbits			42		42
9. Non-Human Primates					
10. Sheep					
11. Pigs			133		133
12. Other Farm Animals					
13. Other Animals					

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2) Each principal investigator has considered alternatives to painful procedures.

3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). **A summary of all the exceptions is attached to this annual report.** In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL *(Type or Print)*	DATE SIGNED
Boyd P. King, M.D.	Boyd P. King, Sr.VP, Medical Affairs	11/29/2005

APHIS Form 7023 Additional Reported Sites

The following additional sites have been reported by the facility. The reported sites have not been verified by APHIS and have been provided by the facility solely for completeness of the APHIS Form 7023 Annual Reporting submission.

Registration Number:	15-R-0002
Customer Number:	266
Facility:	RHODE ISLAND HOSPITAL MIDDLE HOUSE 4TH AND 5TH PROVIDENCE, RI 02903

Site Claverick
55 Clavrick Street
Providence, RI 02903
Site Coro West
1 Hoppin Street
Providence, RI 02903

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See reverse side for additional information.

Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NO. 15-R-0010 **CUSTOMER NO.** 261

FORM APPROVED
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY *(Name and Address, as registered with USDA, include Zip Code)*

RHODE ISLAND COLLEGE
600 MT. PLEASANT AVENUE
PROVIDENCE, RI 02908

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS *(sites)*

PROVIDENCE, RI 02908

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY *(Attach additional sheets if necessary or use APHIS FORM 7023A)*

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic,analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. *(An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report)*	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-Human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2) Each principal investigator has considered alternatives to painful procedures.

3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). **A summary of all the exceptions is attached to this annual report.** In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL *(Type or Print)*	DATE SIGNED
Dr. Dan King	Dr. Dan King, VP of Academic Affairs	11/22/2005

This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 21!

See attached form for additional information.

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 15-R-0014
CUSTOMER NUMBER: 272

FORM APPROVED
OMB NO. 0579-0036

Ethide Laboratories, Inc.
91 Hill Farm Road
Coventry, RI 02816

Telephone: (401) -397-5602

OCT 28 2005

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY **(Attach additional sheets if necessarv or use APHIS Form 7023A)**

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use o pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits	2				
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual rese teaching, testing, surgery, or experimentation were followed by this research facility.

2) Each principal investigator has considered alternatives to painful procedures.

3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and ap Institutional Animal Care and Use Committee (IACUC). **A summary of all such exceptions is attached to this annual report.** In addition to identifying the IACUC-approved exceptions, this summary inc brief explanation of the exceptions, as well as the species and number of animals affected.

4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL *(Type or Print)*	DATE SIGNED
Joseph M Mello	Joseph M. Mello, President	10-27-05

APHIS FORM 7023 (Replaces VS FORM 18-23 (OCT 88), which is obsolete.)
(AUG 91)

This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 21!

See attached form for additional information.

Interagency Report Control No.: OCT 2005

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 15-R-0019
CUSTOMER NUMBER: 10818

FORM APPROVED
OMB NO. 0579-0036

Sention Inc
1 Richmond Sq, 4th Floor
Providence, RI 02906

Telephone: (401) -272-7177

COMPANY CEASED OPERATIONS 6-30-05

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY **(Attach additional sheets if necessarv or use APHIS Form 7023A)**

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4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primates	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals	0	0	0	0	0

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual rese teaching, testing, surgery, or experimentation were followed by this research facility.

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3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and ap Institutional Animal Care and Use Committee (IACUC). **A summary of all such exceptions is attached to this annual report.** In addition to identifying the IACUC-approved exceptions, this summary inc brief explanation of the exceptions, as well as the species and number of animals affected.

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED
Denise M. Walter	FORMER CORPORATE MANAGER	10/17/05

APHIS FORM 7023 (Replaces VS FORM 18-23 (OCT 88), which is obsolete.)
(AUG 91)