



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. 136657		2. Name of Corporation Atwood Gastroenterology Services, Ltd.			
3. Street Address: Principal Business Office 1524 Atwood Avenue Suite 225			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-383-0400		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The Practice of Medicine					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vincent Vacca, M. D.			Vice President Name Vincent Vacca, M. D.		
Street Address 1524 Atwood Avenue, Suite 225			Street Address 1524 Atwood Avenue, Suite 225		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Donna M. Vacca			Treasurer Name Vincent Vacca, M. D.		
Street Address 1524 Atwood Avenue, Suite 225			Street Address 1524 Atwood Avenue, Suite 225		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vincent Vacca, M. D.			Director Name n/a		
Street Address 1524 Atwood Avenue, Suite 225			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name n/a			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common No Par Value		-0-	-	-

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.

<b>FILED</b>
File Date
Check No. <b>JAN 18 2008</b>
By: <u>1567</u>
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 statements contained herein are true and correct.

Vincent Vacca 11 Jan 08  
Signature Date  
Vincent Vacca, M.D.  
Print or Type Name  
President  
Title