

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 2009

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(ualty fee of \$25.00.			, and the proserious	
1. Corporate ID No. 90388		2. Name of Corporation SEACOAST THORACIC AND CARDIOVASCULAR SURGERY, INC.				
3. Street Address Principal Business Office ONE RANDALL SQUARE, SUITE 414			PROVIDENCE	State RI	^{Zip} 02904	
4. Business Phone No. 5. State of Incorporatio (401) 331-4175 RHODE ISLAN						
6. Brief Description of the Ch THE GENERAL PRA	paracter of Business Conduct ACTICE OF MEDICIN					
	ESSES OF THE OFFIC	CERS: ("X" BOX FOR A	TTACHMENT) [FILL IN S.	PACES BEFORE USING A	ATTACHMENTS	
President Name ANTHONY L. MOULTON, M.D.			Vice President Name NONE			
Street Address ONE RANDALL SQUARE, SUITE 414			Street Address			
PROVIDENCE	State RI	^{Zip} 02904	City	State	Zip	
Secretary Name ANTHONY L. MOULTON, M.D.			Treasurer Name ANTHONY L. MOULTON, M.D.			
Street Address ONE RANDALL SQUARE, SUITE 414			Street Address ONE RANDALL SQUARE, SUITE 414			
PROVIDENCE	State RI	^{Zip} 02904	City PROVIDENCE	State RI	^{Zip} 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name NONE			ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
Сйу	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Сиу	State	Zip	Cuy	State	Zip	
9. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR	ATTACHMENT)		("X" BOX FOR ATTACE. TION MUST BE COMPLETED	IMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600	СОММОИ	NO PAR	100	COMMON	NO PAR	
			orized representative. If the co	orporation is in the hands	of a receiver or trus	
inis report must be ex-	ecuted on behalf of the	e corporation by the rece	ives of trustee.			

FILED					
File Date					
rne Due	FEB 18 2009				
Check No	By 3477				
Ву:					
FO	R SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare	and affirm that I ha	ave examined this report,
including any accompanying sched		s, and that all statements
contained herein are true and corre	ct. M	
un	// or	<u> </u>
Signature)ate
ANTHONY Ĺ. MOULTC	N, M.D.	
Print or Type Name		
PRESIDENT		
600 I		

Form 630 Rev. 12/06