



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 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(c&d)) is subject to a penalty fee of \$25.00.**

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			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. (401) 331-4175		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island THE GENERAL PRACTICE OF MEDICINE.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTHONY L. MOULTON, M.D.			Vice President Name NONE		
Street Address ONE RANDALL SQUARE, SUITE 414			Street Address		
City 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		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR	100	COMMON	NO PAR

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.

FILED

File Date **FEB 18 2009**

Check No. **By 3477**

By: _____

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.

Signature

Date

ANTHONY L. MOULTON, M.D.

Print or Type Name

PRESIDENT

Title