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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.	2. Name of Corporation			
83698	COASTAL MEDICAL, INC.			
3. Street Address Principal Business Office		City	State	Zip
10 DAVOL SQUARE, SUITE 400		PROVIDENCE	RI	02903
4. Business Phone No.	5. State of Incorporation			
401-421-4000	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
To provide primary care medical services to patients requesting such services.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
G. ALAN KUROSE, M.D.			NONE		
Street Address			Street Address		
10 DAVOL SQUARE, SUITE 400					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903			
Secretary Name			Treasurer Name		
JUDITH SHAW, M.D.			JOSEPH CAMPBELL, M.D.		
Street Address			Street Address		
10 DAVOL SQUARE, SUITE 400			10 DAVOL SQUARE, SUITE 400		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
DAVID FRIED, M.D.			ROBERT CARNEVALE, M.D.		
Street Address			Street Address		
10 DAVOL SQUARE, SUITE 400			10 DAVOL SQUARE, SUITE 400		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903
Director Name			Director Name		
STEVEN BRIN, M.D.			ROBERT CICCHELLI, M.D.		
Street Address			Street Address		
10 DAVOL SQUARE, SUITE 400			10 DAVOL SQUARE, SUITE 400		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02903	PROVIDENCE	RI	02903

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
3440	Common	$0.01

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.

[redacted]

[redacted]

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* 2/12/09

G. ALAN KUROSE, M.D.
Print or Type Name

PRESIDENT
Title

[redacted]

FILED
File Date
FEB 18 2009
Check No.
By: By 020634
FOR SECRETARY OF STATE USE ONLY

31280-18-348825

Form 630 Rev. 08/08

COASTAL MEDICAL, INC.

ATTACHMENT TO 2009 ANNUAL REPORT

Additional Directors

Elizabeth Lange, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Richard Ryter, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Ronald Gilman, M.D.
10 Davol Square, Suite 400
Providence, RI 02903

Larry Schoenfeld, M.D.
10 Davol Square, Suite 400
Providence, RI 02903