



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.**

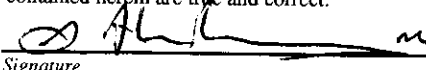
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 83698		2. Name of Corporation COASTAL MEDICAL, INC.			
3. Street Address Principal Business Office 10 DAVOL SQUARE, SUITE 400		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 401-421-4000		5. State of Incorporation 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 G. ALAN KUROSE, M.D.		Vice President Name NONE			
Street Address 10 DAVOL SQUARE, SUITE 400		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name JUDITH SHAW, M.D.		Treasurer Name JOSEPH CAMPBELL, M.D.			
Street Address 10 DAVOL SQUARE, SUITE 400		Street Address 10 DAVOL SQUARE, SUITE 400			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID FRIED, M.D.		Director Name ROBERT CARNEVALE, M.D.			
Street Address 10 DAVOL SQUARE, SUITE 400		Street Address 10 DAVOL SQUARE, SUITE 400			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name STEVEN BRIN, M.D.		Director Name ROBERT CICHELLI, M.D.			
Street Address 10 DAVOL SQUARE, SUITE 400		Street Address 10 DAVOL SQUARE, SUITE 400			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
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.		ISSUED SHARES — THIS SECTION <u>MUST</u> 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.

FILED	
File Date	FEB 18 2009
Check No.	
By	020634
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 2/12/09
G. ALAN KUROSE, M.D.
Print or Type Name
PRESIDENT
Title

COASTAL MEDICAL, INC.
ATTACHMENT TO 2009 ANNUAL REPORT

Additional Directors

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

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

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

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

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FEB 18 2009

By 83698