

FOR SECRETARY OF STATE USE ONLY

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. 2009

| * In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00. | 1501(e), each corporation fa | illing or refusing to file its ann | ual report within thirty (30) da | ys after the time prescribed by lav | v (R.I.G.L. 7-1.2-1501(c&d)) is |
|--|--|------------------------------------|--|-------------------------------------|---|
| 1. Corporate ID No. 3600 | 2. Name of Corporation CARDIOLOGY ASSOCIATES, INC. | | | | |
| 3. Street Address Principal Business Office 25 John Cummings Way, 4th Floor | | ^{City} Woonsocket | State RI | ^{Zip} 02895 | |
| 4. Business Phone No. 5. State of Incorporation (401) 766-5959 Rhode Island | | | | | |
| 6. Brief Description of the Character RENDERING PROFESSIO | NAL MEDICAL SER | VICES | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name | | | CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name | | |
| Mohammad Arif, M.D. | | | Mohammad Arif, M.D. | | |
| Street Address 25 John Cummings Way, 4th Floor | | | Street Address 25 John Cummings Way, 4th Floor | | |
| City Woonsocket | State RI | ^{Ζiμ} 02895 | City Woonsocket | State RI | ^{Ζφ} 02895 |
| Secretary Name Roland D. Landry, M.D. | | | Treasurer Name Mohammad Arif, M.D. | | |
| Street Address 25 John Cummings Way, 4th Floor | | | Street Address 25 John Cummings Way, 4th Floor | | |
| City Woonsocket | State RI | ^{Zip} 02895 | City Woonsocket | State RI | ^{Zip} 02895 |
| 8. NAMES AND ADDRESSES | OF THE DIRECTOR | S: ("X" BOX FOR ATT | • | N SPACES BEFORE USIN | G ATTACHMENTS |
| Director Name Mohammad Arif, M.D. | | | Roland D. Landry, M.D. | | |
| Street Address | | | Street Address | | |
| 25 John Cummings Way, 4th Floor | | | 25 John Cummings Way, 4th Floor City State Zip | | |
| City Woonsocket | State RI | ^{Zip} 02895 | Woonsocket | RI | 02895 |
| Director Name | | .1 | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| 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. | | | Number of Shares | Class/Series | Par Value |
| | | | 265 | Common | No Par |
| This report must be executed | d on behalf of the corp | poration by an authorize | ed representative. If the | corporation is in the hand | s of a receiver or trustee, |
| this report must be executed | on behalf of the corp | oration by the receiver | or trustee. | | |
| | | | | | |
| | | | - ' 1 | | that I have examined this repo atements, and that all statemer |
| File Date 2-20 | 6-09 | | | are true and correct. | (E) 2.19 05 |
| /// | 12 | | Signature | | Date |
| Check No. | <u> </u> | | Mohamma | ad Arif. M.D. | |

Print or Type Name President

Title