

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

## 2009

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.

Rhode Island   Services   State   St	1. Corporate ID No 156191	East Gree	2. Name of Corporation East Greenwich Spine and Sport, Inc.				
Rhode Island  Medical Services  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT President Name  Matthew J. Smith, M.D.  Server Address 1351 South County Trail  East Greenwich   Ri   D2818   C19   C2818   C19   C2818   C29   C29   C2818   C29   C29				City East Greenwich			
Medical services  An Ames and address of the officers: ("X" BOX FOR ATTACHMENT)   FILL In SPACES BEFORE USING ATTACHMENT President Name  Matthew J. Smith, M.D.  Store Address  1351 South County Trail  Tast South County Trail  Tast South County Trail  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  Store Address  1351 South County Trail  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  Store Changes require an additional filing. See Section 9 of  Store Changes require an additional filing. See Section 9 of  Store Changes require an additional filing. See Section 9 of  Store Changes require an additional filing. See Section 9 of  Store Changes require an additional filing. See Section 9 of  Stored Address  200 Common  Stored Address  100 Com	4 Business Phone No. 5 State of Incorporation						
Weeken Name   Watthew J. Smith, M.D.   State   Zip   O2818   East Greenwich   RI   O2818   Street Address	). Brief Description of the Characte Medical services.	er of Business Condi	icted in Rhode Island				
Matthew J. Smith, M.D.    Street Address   Street Address	7. NAMES AND ADDRESS	ES OF THE OFF	ICERS: ("X" BOX FOR ATTA		PACES BEFORE USING	ATTACHMENTS	
Street Address   1351 South County Trail   2tp   02818				•			
1351 South County Trail							
East Greenwich RI 02818  Severally Name George J. Pasquarello, D.O.  Matthew J. Smith, M.D.  Street Address 1351 South County Trail  Type East Greenwich RI 02818  Street Address 1351 South County Trail  Type East Greenwich RI 02818  Severally Street Right RI 02818  Severally South RI 02818  Severally South RI 02818  Severally Fill In Spaces Before Using Attachment Proceder Name George J. Pasquarello, D.O.  Street Address 1351 South County Trail  Type Street Address 1351 South County Trail  Type City State RI 02818  Severally Street Right RI 02818  Director Name  Street Address  Street Address  Street Address  Type City State Ztp Director Name  Street Address  Street Address  Type City State Ztp Director Name  Street Address  Street Address  Type City State Ztp Director Name  Street Address  Type City State Ztp District Address  Type City State District A		il		1351 South County 1	Trail		
Matthew J. Smith, M.D.   Street Address   1351 South County Trail   State   Zip   02818   East Greenwich   RI   02818   Case Greenwich   Case Gr							
1351 South County Trail   1351 South County Trail   21p		I	J		.D.		
East Greenwich RI 02818  NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name  Matthew J. Smith, M.D.  Street Address  1351 South County Trail  City State Zip City State Zip  East Greenwich RI 02818  East Greenwich RI 02818  East Greenwich RI 02818  City State Zip  Director Name  Street Address  Street Address  Street Address  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  \$\text{Number of Shares} \tag{Class/Sories} \text{Par Value} \text{Value} \text{State} \text{Par Value} \text{State}.		il		•	Гrail		
Director Name   Matthew J. Smith, M.D.   George J. Pasquarello, D.O.							
Matthew J. Smith, M.D.  Street Address  1351 South County Trail  City  East Greenwich  RI  02818  Street Address  1351 South County Trail  City  East Greenwich  RI  02818  Director Name  Street Address  Street Address  Gity  State  Zip  O2818  Director Name  Street Address  Street Address  This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of  Street Address  City  State  Zip  City  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  2,000  Common  \$.01		es of the dir	ECTORS: ("X" BOX FOR ATT		SPACES BEFORE USIN	G ATTACHMENTS	
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East Greenwich RI 02818 East Greenwich RI 02818  City East Greenwich RI 02818  City State Zip 02818  City State Zip City State Zip City State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SISSUED SHARES — THIS SECTION MUST BE COMPLETED State. Changes require an additional filing. See Section 9 of 2,000 Common \$.01	Street Address			<u></u>			
East Greenwich RI 02818  Director Name  Street Address  Street Address  City State Zip City State Zip  Disconnent Street Address  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) State Support Support State Support Suppo				·	Frail		
Director Name    Director Name	•			; *		! '	
City   State   Zip   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   2,000   Common   \$.01				• • • • • • • • • • • • • • • • • • • •	[N]	[02010	
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State. Changes require an additional filing. See Section 9 of 2,000 Common \$.01	This information is aurrent	ly of record in	the Office of the Secretary of	<del> </del>		· , · · · · · · · · · · · · · · · · · ·	
	State. Changes require an			2,000	Common	\$.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	This report must be execute	ed on behalf of	the cornoration by an authorize	I d representative. If the co	rnoration is in the hand	ls of a receiver or	

	Under penalty of perjury I declare and affirm th including any accompanying schedules and state	
File Date 2 426409	contined herein are tue and correct.	2/2/09
Check No	Signature  Matthew J. Smith, M.D.	Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President	
FOR SECRETARY OF STATE USE ONLY	Title	