



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. 69367		2. Name of Corporation CONSULTANTS IN GASTROENTEROLOGY, INC.			
3. Street Address Principal Business Office 148 WEST RIVER STREET, SUITE 3			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-421-6306		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVISION OF MEDICAL CARE TO PATIENTS BY DULY LICENSED PHYSICIANS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOEL S. SPELLUN, M.D.			Vice President Name JAY A. SORGMAN, M.D.		
Street Address 148 WEST RIVER STREET, SUITE 3			Street Address 148 WEST RIVER STREET, SUITE 3		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name JOEL S. SPELLUN, M.D.			Treasurer Name JOEL S. SPELLUN, M.D.		
Street Address 148 WEST RIVER STREET, SUITE 3			Street Address 148 WEST RIVER STREET, SUITE 3		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOEL S. SPELLUN, M.D.			Director Name JAY A. SORGMAN, M.D.		
Street Address 148 WEST RIVER STREET, SUITE 3			Street Address 148 WEST RIVER STREET, SUITE 3		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	\$1.00	2,000	COMMON	\$1.00

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.

File Date	3-4-09
Check No.	10848
By:	mne
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 2/23/09
JOEL S. SPELLUN, M.D.
Print or Type Name
PRESIDENT
Title