RI SOS Filing Number: 200943653260 Date: 03/06/2009 4:00 PM

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			
98099	GASTROENTEROLOGY SPECIALISTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
45 WELLS STREET, SUITE 103		WESTERLY	RI	02891
4. Business Phone No.	5. State of Incorporation			
401-596-6330	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
RENDER MEDICAL SERVICES SPECAILIZING IN GASTROENTEROLOGY

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

President Name			Vice President Name		
BRADFORD C. LAVIGNE, M.D.			PAMELA J. CONNORS, M.D.		
Street Address			Street Address		
45 WELLS STREET, SUITE 103			45 WELLS STREET, SUITE 103		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891
Secretary Name			Treasurer Name		
STEVEN R. YOLAN, M.D.			BARRY A. ROSS, M.D.		
Street Address			Street Address		
45 WELLS STREET, SUITE 103			45 WELLS STREET, SUITE 103		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891

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

Director Name			Director Name		
BRADFORD C. LAVIGNE, M.D.			PAMELA J. CONNORS, M.D.		
Street Address			Street Address		
45 WELLS STREET, SUITE 103			45 WELLS STREET, SUITE 103		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891
Director Name			Director Name		
STEVEN R. YOLAN, M.D.			BARRY A. ROSS, M.D.		
Street Address			Street Address		
45 WELLS STREET, SUITE 103			45 WELLS STREET, SUITE 103		
City	State	Zip	City	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	COMMON	$1.00

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
400	COMMON	$1.00

2009 MAR 06 P 4:05 SOS

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* 3-1-09

BRADFORD C. LAVIGNE, M.D.
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. MAR 06 2009
By: By 21822
FOR SECRETARY OF STATE USE ONLY
31502-23-346087

Form 630 Rev. 12/06