

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

Filting 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. 98099	2. Name of Corporation GASTROENTER	2. Name of Corporation GASTROENTEROLOGY SPECIALISTS, INC.					
3. Street Address Principal Business Office 45 WELLS STREET, SUITE 103			City WESTERLY	State RI	<sup>Zip</sup> 02891		
i. 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							
BRADFORD C. LAVIGNE, M.D.			Vice President Name PAMELA J. CONNORS, M.D.				
Street Address 45 WELLS STREET, SUITE 103			Street Address 45 WELLS STREET, SUITE 103				
City WESTERLY	State RI	<sup>Ζφ</sup> 02891	City WESTERLY	State RI	<sup>Zip</sup> 02891		
Secretary Name STEVEN R. YOLAN, M.D.			Treasurer Name BARRY A. ROSS, M.D.				
Street Address 45 WELLS STREET, SUITE 103			Street Address 45 WELLS STREET, SUITE 103				
City WESTERLY	State RI	<i>х</i> φ 02891	City WESTERLY	State RI	<i>Σίρ</i> <b>02891</b>		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS							
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     WESTERLY	State	Ζίρ 02904	City	State	Zip		
Director Name	J RI	]02891	WESTERLY Director Name	RI	02891		
STEVEN R. YOLAN, M.D.			BARRY A. ROSS, M.D.				
Street Address 45 WELLS STREET, SUITE 103			Street Address 45 WELLS STREET, SUITE 103				
Сйу	State	Zip	СЦу	State	NIF OF THE PARTY		
WESTERLY	RI	02891	WESTERLY	RI	02891		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Sur Value		
8,000	COMMON	\$1.00	400	COMMON	\$1.00 \$		
This report must be executed	on behalf of the corn	oration by an authorize	d representative. If the corpora	ation is in the hands of:	a receiver or trustee		

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 FILED
Check No. — MAR 0 6 2009
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and stacontained herein are true and correct.		· · · · · · · · · · · · · · · · · · ·
Browlord Care	. ~!	3-15
Signature	Date	
BRADFORD C. LAVIGNE, M.D	<b>)</b> .	
Print or Type Name		
PRESIDENT		
Title		<del></del>