



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000052086

2. Name of Corporation Coastal Neurology, Inc.

3. Street Address Principal Business Office:

No. and Street: 101 AIRPORT ROAD

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

4. Business Phone No.

401-596-6207

5. State of Incorporation

State:

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN THE PRACTICE OF THE TREATMENT OF THE HUMAN SYSTEM AND
NEUROLOGICAL DISORDERS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CARLO BROGNA MD	101 AIRPORT ROAD WESTERLY, RI 02891 USA
TREASURER	CARLO G BROGNA	33 DOCKRAY STREET WAKEFIELD, RI 02879 USA
SECRETARY	CARLO G BROGNA	33 DOCKRAY ST WAKEFIELD, RI 02879 USA
PRESIDENT	CARLO G BROGNA MD	33 DOCKRAY STREET WAKEFIELD, RI 02879 USA
DIRECTOR	CARLO G BROGNGA	33 DOCKRAY ST WAKEFIELD, RI 02879 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1,000.00	100

9. 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.

Signed this 31 Day of March, 2009 at 1:58:51 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SHELIA ABBOTT BROGNA
Signature of Authorized Representative of the Corporation

ADMINISTRATOR
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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