



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

No Fee

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

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000075755

2. Name of Corporation Kent Cardiology Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 390 TOLLGATE ROAD, SUITE 202

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

4. Business Phone No.

401-739-7210

5. State of Incorporation

State: RI

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

TO ENGAGE IN THE PRACTICE OF GENERAL PRACTICE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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	EDWARD S. THOMAS MD	390 TOLLGATE ROAD, SUITE 202 WARWICK, RI 02886 USA
TREASURER	EDWARD S. THOMAS MD	390 TOLLGATE ROAD, SUITE 202 WARWICK, RI 02886 USA
SECRETARY	EDWARD S. THOMAS MD	390 TOLLGATE ROAD, SUITE 202 WARWICK, RI 02886 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	8,000.00	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 15 Day of April, 2009 at 9:23:09 AM. *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 EDWARD S. THOMAS MD
Signature of Authorized Representative of the Corporation

PRESIDENT
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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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

