



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 2010

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. 134588		2. Name of Corporation East Coast Primary Care, Inc.			
3. Street Address Principal Business Office 63 Eddie Dowling Highway, Suite 3			City N. Smithfield	State RI	Zip 02917
4. Business Phone No. 401-766-8200		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a doctor's office					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Afshin Nasserri			Vice President Name Afshin Nasserri		
Street Address 39 Cannon Ball Road			Street Address 39 Cannon Ball Road		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
Secretary Name Afshin Nasserri			Treasurer Name Afshin Nasserri		
Street Address 39 Cannon Ball Road			Street Address 39 Cannon Ball Road		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Afshin Nasserri			Director Name N/A		
Street Address 39 Cannon Ball Road			Street Address		
City Sharon	State MA	Zip 02067	City	State	Zip
Director Name N/A			Director Name N/A		
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
600	no par value		100		no par

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. **FEB 19 2010**
By: 2625
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.

Afshin Nasserri 2/10/10
Signature Date
Afshin Nasserri
Print or Type Name
President
Title