RI SOS Filing Number: 201060050620 Date: 03/09/2010 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 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.	2. Name of Corporation			
000009960	GASTROENTEROLOGY ASSOCIATES, INC.			
3. Street Address Principal Business Office		City	State	Zip
44 WEST RIVER STREET		PROVIDENCE	RI	02904
4. Business Phone No.	5. State of Incorporation			
401-274-4800	RHODE ISLAND			

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

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

President Name			Vice President Name		
NEIL R. GREENSPAN, M.D.			ALYN L. ADRAIN, M.D.		
Street Address			Street Address		
44 WEST RIVER STREET			44 WEST RIVER STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904
Secretary Name			Treasurer Name		
SAMIR A. SHAH, M.D.			EVAN B. COHEN, M.D.		
Street Address			Street Address		
44 WEST RIVER STREET			44 WEST RIVER STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904

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

Director Name			Director Name		
NEIL R. GREENSPAN, M.D.			ALYN L. ADRAIN, M.D.		
Street Address			Street Address		
44 WEST RIVER STREET			44 WEST RIVER STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904
Director Name			Director Name		
SAMIR A. SHAH, M.D.			EVAN B. COHEN, M.D.		
Street Address			Street Address		
44 WEST RIVER STREET			44 WEST RIVER STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904	PROVIDENCE	RI	02904

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
420	COMMON	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.

[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 2/25/10 *Date*

NEIL R. GREENSPAN, M.D.
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. MAR 09 2010
By: By 3423
FOR SECRETARY OF STATE USE ONLY

46125-7-487991

Form 630 Rev. 08/08

GASTROENTEROLOGY ASSOCIATES, INC. #000009960

2010 Annual Report

7. Officers (cont'd)

David Schreiber, M.D.
Vice President
44 West River Street
Providence, RI 02904

Jeremy Spector, M.D.
Vice President
44 West River Street
Providence, RI 02904

Brett D. Kalmowitz, M.D.
Vice President
44 West River Street
Providence, RI 02904

8. Directors (cont'd)

David Schreiber, M.D.
Vice President
44 West River Street
Providence, RI 02904

Jeremy Spector, M.D.
Vice President
44 West River Street
Providence, RI 02904

Brett D. Kalmowitz, M.D.
Vice President
44 West River Street
Providence, RI 02904