



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. 489629		2. Name of Corporation NORTH SHORE ASSOCIATES, INC.		
3. Street Address Principal Business Office 44 SPRING STREET		City SAUNDERSTOWN	State RI	Zip 02874
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL PRACTICE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOSEPH J. GRECO		Vice President Name JOSEPH J. GRECO		
Street Address 44 SPRING STREET		Street Address 44 SPRING STREET		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI
Secretary Name JOSEPH J. GRECO		Treasurer Name JOSEPH J. GRECO		
Street Address 44 SPRING STREET		Street Address 44 SPRING STREET		
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JOSEPH J. GRECO		Director Name		
Street Address 44 SPRING STREET		Street Address		
City SAUNDERSTOWN	State RI	Zip 02874	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 8,000		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
		Number of Shares 120	Class/Series COMMON	Par Value 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:	MAR 23 2010
By:	By 1042
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.

Signature: **Joseph J. Greco** Date: **3-22-2010**

Print or Type Name: **JOSEPH J. GRECO**

Title: **PRESIDENT**