

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. 7-1.2-1 subject to a penalty fee of \$25.00.	1501(e), each curporation fa	iling or refusing to file its ann	ual report within thirty (30) days i	after the time prescribed by law	v (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 15137	2. Name of Corporation KENT SURGICAL ASSOCIATES, INC.					
3. Street Address Principal Business Office 470 TOLL GATE RD			<sup>City</sup> WARWICK	State RI	<sup>Zip</sup> 02886	
4. Business Phone No. 5. State of Incorporation 401-737-2828 RHODE ISLAND						
6. Brief Description of the Character of GENERAL SURGEONS	of Business Conducted in Ri	oode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name BERNARD P. ST.JEAN, MD			CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  MICHAEL COBURN, MD			
Street Address 470 TOLL GATE RD			Street Address 470 TOLL GATE RD			
WARWICK	State RI	<sup>Zip</sup> 02886	Gity WARWICK	State RI	<sup>Zip</sup> 02886	
Secretary Name GUY LANCELLOTTI, MD/ JOSEPH BRADY, MD			Treasurer Name BERNARD P. ST.JEAN, MD			
Street Address 470 TOLL GATE RD			Street Address 470 TOLL GATE RD			
WARWICK	State RI	<i>Zip</i> <b>02886</b>	City WARWICK	State RI	<sup>Zip</sup> 02886	
8. NAMES AND ADDRESSES Director Name BERNARD P. ST.JEAN, I		("X" BOX FOR ATT	ACHMENT)   FILL IN S Director Name MICHAEL COBURN,		G ATTACHMENTS	
Street Address 470 TOLL GATE RD			Street Address 470 TOLL GATE RD			
City WARWICK	State RI	<i>Zip</i> 02886	City WARWICK	State RI	<sup>Zip</sup> 02886	
GUY LANCELLOTTI, MD			JOSEPH BRADY, MD			
Street Address 470 TOLL GATE RD			Street Address 470 TOLL GATE RD			
WARWICK	State RI	<i>z</i> ф <b>02886</b>	City WARWICK	State RI	7.ip 02886	
9. SHARES AUTHORIZED			10. SHARES ISSUED (* ISSUED SHARES — THIS SECTION		IMENT)	
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.			Number of Shares	Class/Series	Par Value	
			400	COMMON	NO PAR VALUE	
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorized ration by the receiver of	d representative. If the corpor trustee.	poration is in the hands	of a receiver or trustee,	

File Date FILED  Check No. JUN 19 7 2010  By: By 49		
By: By 4491	File Date FILED	
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" By <u>799</u>	1///	
FOR SECRETARY OF STATE USE ONLY	<sup>by</sup> By <u>777</u>	

Under penalty of perjury, I declare and affirm that I have examined this report
ncluding any accompanying schedules and statements, and that all statements
contained herein are true and correct.

Signature

GUY LANCELLOTTI, MD

Print or Type Name

**SECRETARY** 

Title

Date