



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 2011**

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.<br>513518  |              | 2. Name of Corporation<br>ARTISTIC SURGICAL ASSOCIATES, INC. |   |              |              |
| 3. Street Address Principal Business Office<br>1567 SOUTH COUNTY TRAIL   |              |  | City<br>EAST GREENWICH  | State<br>RI  | Zip<br>02818 |
| 4. Business Phone No.<br>401-541-7170  |              | 5. State of Incorporation<br>RHODE ISLAND                    |   |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>MEDICAL OFFICE                                      |              |  |   |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |   |              |              |
| President Name<br>CURTIS J. PERRY, M.D.  |              |  | Vice President Name   |              |              |
| Street Address<br>1567 SOUTH COUNTY TRAIL  |              |  | Street Address  |              |              |
| City<br>EAST GREENWICH   | State<br>RI  | Zip<br>02818   | City  | State        | Zip          |
| Secretary Name<br>CURTIS J. PERRY, M.D.  |              |  | Treasurer Name<br>CURTIS J. PERRY, M.D.   |              |              |
| Street Address<br>1567 SOUTH COUNTY TRAIL  |              |  | Street Address<br>1567 SOUTH COUNTY TRAIL   |              |              |
| City<br>EAST GREENWICH   | State<br>RI  | Zip<br>02818   | City<br>EAST GREENWICH  | State<br>RI  | Zip<br>02818 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |   |              |              |
| Director Name<br>CURTIS J. PERRY, M.D.   |              |  | Director Name   |              |              |
| Street Address<br>1567 SOUTH COUNTY TRAIL  |              |  | Street Address  |              |              |
| City<br>EAST GREENWICH   | State<br>RI  | Zip<br>02818   | City  | State        | Zip          |
| Director Name  |              |  | Director Name   |              |              |
| Street Address   |              |  | Street Address  |              |              |
| City   | State        | Zip  | City  | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>AUTHORIZED SHARES  |              |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ISSUED SHARES — THIS SECTION MUST BE COMPLETED |              |              |
| Number of Shares   | Class/Series | Par Value  | Number of Shares  | Class/Series | Par Value    |
| 8,000  | COMMON       | NO PAR   | 100   | 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.

FILED

File Date JAN 21 2011  
Check No. BY [Signature]  
By: 29-135493  
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 [Signature] Date 1/14/11  
CURTIS J. PERRY, M.D.

Print or Type Name

PRESIDENT

Title