



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. ID No. 000098937

2. Exact Name of the Limited Liability Company Coastal Care Medical Management, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

MEDICAL MANAGEMENT SERVICES

5. Principal Office Address

No. and Street: 10 DAVOL SQUARE, STE. 400

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: G. ALAN KUROSE, M.D. Contact Title: PRESIDENT

No. and Street: 10 DAVOL SQUARE, SUITE 400

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	G. ALAN KUROSE M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	DAVID FRIED M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	JOSEPH CAMPBELL M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	JOHN GAINES M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	ELIZABETH LANGE M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	JOHN FINIGAN M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	LARRY SCHOENFELD M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	PETER KARZMAR M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	JOSEPH TERLATO M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	C. JOHN BREX M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	STEVEN C. BRIN M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	ROBERT CICHELLI M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA
MANAGER	RONALD GILMAN M.D.	10 DAVOL SQUARE, STE 400 PROVIDENCE, RI 02903 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DON E. WINEBERG CHACE RUTTENBERG & FREEDMAN, LLP ONE PARK ROW - SUITE 300
PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of September, 2011 at 11:14:15 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By G. ALAN KUROSE
Signature of Authorized Person

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