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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

Professional Corporation Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000083698

2. Name of Corporation Coastal Medical, Inc.

3. Street Address Principal Business Office:

No. and Street: 10 DAVOL SQUARE, SUITE 400
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

4. Business Phone No.

401-421-4000

5. State of Incorporation

State: RI

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

TO PROVIDE PRIMARY CARE MEDICAL SERVICES TO PATIENTS REQUESTING SUCH SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	G. ALAN KUROSE M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
TREASURER	JOSEPH CAMPBELL M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
SECRETARY	JOSEPH CAMPBELL M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	G. ALAN KUROSE M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	DAVID FRIED M.D.	10 DAVOL SQARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	JOSEPH CAMPBELL M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN GAINES M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	ELIZABETH LANGE M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	LARRY SCHOENFELD M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN FINIGAN M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.01	8,000.00	3790

9. 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.

Signed this 9 Day of January, 2012 at 3:22:04 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By G. ALAN KUROSE, M.D.
Signature of Authorized Representative of the Corporation

PRESIDENT
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07