



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 2012

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. 118768		2. Name of Corporation Coastal Rheumatology, P.C., Inc.			
3. Street Address Principal Business Office 45 Wells Street			City Westerly	State Rhode Island	Zip 02891
4. Business Phone No. 401.348.2180		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Rendering of Professional Medical Health Care Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher D'Arcy			Vice President Name		
Street Address 45 Wells Street			Street Address		
City Westerly	State Rhode Island	Zip 02891	City	State	Zip
Secretary Name Christopher D'Arcy			Treasurer Name Christopher D'Arcy		
Street Address 45 Wells Street			Street Address 45 Wells Street		
City Westerly	State Rhode Island	Zip 02891	City Westerly	State Rhode Island	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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
		10		Common Stock	No Par Value
THIS SECTION MUST BE COMPLETED					

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 10 2012**
 Check No.: **4666**
 By: **[Signature]**
 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: **1/3/12**
 Christopher D'Arcy, M.D.
 Print or Type Name
 President
 Title