



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. 98099		2. Name of Corporation GASTROENTEROLOGY SPECIALISTS, INC.			
3. Street Address Principal Business Office 45 WELLS STREET, SUITE 103			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-6330		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RENDER MEDICAL SERVICES SPECALIZING IN GASTROENTEROLOGY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRADFORD C. LAVIGNE, M.D.			Vice President Name PAMELA J. CONNORS, M.D.		
Street Address 45 WELLS STREET, SUITE 103			Street Address 45 WELLS STREET, SUITE 103		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name STEVEN R. YOLAN, M.D.			Treasurer Name BARRY A. ROSS, M.D.		
Street Address 45 WELLS STREET, SUITE 103			Street Address 45 WELLS STREET, SUITE 103		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BRADFORD C. LAVIGNE, M.D.			Director Name PAMELA J. CONNORS, M.D.		
Street Address 45 WELLS STREET, SUITE 103			Street Address 45 WELLS STREET, SUITE 103		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Director Name STEVEN R. YOLAN, M.D.			Director Name BARRY A. ROSS, M.D.		
Street Address 45 WELLS STREET, SUITE 103			Street Address 45 WELLS STREET, SUITE 103		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	\$1.00	400	COMMON	\$1.00

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SECRETARY OF STATE  
CORPORATIONS DIV  
2012 MAR 15 11:53 AM

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  
MAR 15 2012 1153

BY: BRADFORD C. LAVIGNE

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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.

Bradford C. Lavigne 3-9-12  
Signature Date  
BRADFORD C. LAVIGNE, M.D.  
Print or Type Name  
PRESIDENT  
Title