



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

**Foreign Business 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. 000508514

2. Name of Corporation Coastal Orthopaedic Institute, P.C.

3. Street Address Principal Business Office:

No. and Street: 235 HANOVER STREET

City or Town: FALL RIVER

State: MA

Zip: 02720

Country: USA

4. Business Phone No.

508-402-7121

5. State of Incorporation

State: MA

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

PHYSICIANS OFFICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JERALD W. KATZ MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
SECRETARY	BRAD E. GREEN DO	235 HANOVER STREET FALL RIVER, MA 02720 USA
PRESIDENT	KEVIN N. MABIE MD.	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	DAVID W. BULLIS MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	BRAD E. GREEN DO	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	JAMES M. WORTHINGTON MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	JERALD W. KATZ MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	RICHARD W. SMITH MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	KEVIN N. MABIE MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	DAVID BOLAND MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	JEFFREY I. GASSMAN MD	235 HANOVER STREET FALL RIVER, MA 02720 USA
DIRECTOR	GEORGE J. RAUKAR MD	235 HANOVER STREET FALL RIVER, MA 02720 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	20,000.00	6300

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 29 Day of March, 2012 at 11:05:37 AM. *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 KEVIN N. MABIE, MD
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

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