



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 2014

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. 143666		2. Name of Corporation WEST BAY SURGICAL ASSOCIATES, INC.			
3. Street Address Principal Business Office 390 TOLLGATE ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-739-8010		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO RENDER MEDICAL AND SURGICAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID J. LUZ, M.D.			Vice President Name JOHN ISAAC, M.D.		
Street Address 390 TOLLGATE ROAD			Street Address 390 TOLLGATE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name CANDACE L. DYER, M.D.			Treasurer Name JOHN ISAAC, M.D.		
Street Address 390 TOLLGATE ROAD			Street Address 390 TOLLGATE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name CANDACE L. DYER, M.D.			Director Name DAVID J. LUZ, M.D.		
Street Address 390 TOLLGATE ROAD			Street Address 390 TOLLGATE ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name JOHN ISAAC, M.D.			Director Name		
Street Address 390 TOLLGATE ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			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	300	COMMON	\$1.00

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SECRETARY OF STATE
CORPORATIONS DIV
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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

FEB 26 2014

By: AA-218445
AA

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: 2/14/14
CANDACE L. DYER, M.D.
Print or Type Name
SECRETARY
Title

File Date _____
Check No. _____
By: _____
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