



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                               |                    |                                                                       |                           |                     |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------|---------------------------|---------------------|---------------------|
| 1. Entity ID No.<br><b>135696</b>                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>ENDOSCOPY ASSOCIATES, INC.</b> |                           |                     |                     |
| 3. Principal office address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>                                                                                         |                    | City<br><b>PROVIDENCE</b>                                             | State<br><b>RI</b>        | Zip<br><b>02904</b> |                     |
| 4. Business Phone No.<br><b>(401) 274-4800</b>                                                                                                                |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                      |                           |                     |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>AMBULATORY SURGERY CENTER (ENDOSCOPY)</b>                                   |                    |                                                                       |                           |                     |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>                                                       |                    |                                                                       |                           |                     |                     |
| President Name<br><b>NEIL R. GREENSPAN, MD</b>                                                                                                                |                    | Vice-President Name<br><b>EVAN B. COHEN, MD</b>                       |                           |                     |                     |
| Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>                                                                                                      |                    | Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>              |                           |                     |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02904</b>                                                   | City<br><b>PROVIDENCE</b> | State<br><b>RI</b>  | Zip<br><b>02904</b> |
| Secretary Name<br><b>SAMIR ASHOK SHAH, MD</b>                                                                                                                 |                    | Treasurer Name<br><b>ALYN ADRAIN, MD</b>                              |                           |                     |                     |
| Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>                                                                                                      |                    | Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>              |                           |                     |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02904</b>                                                   | City<br><b>PROVIDENCE</b> | State<br><b>RI</b>  | Zip<br><b>02904</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>                                                      |                    |                                                                       |                           |                     |                     |
| Director Name<br><b>NEIL R. GREENSPAN, MD</b>                                                                                                                 |                    | Director Name<br><b>SAMIR ASHOK SHAH, MD</b>                          |                           |                     |                     |
| Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>                                                                                                      |                    | Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>              |                           |                     |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02904</b>                                                   | City<br><b>PROVIDENCE</b> | State<br><b>RI</b>  | Zip<br><b>02904</b> |
| Director Name<br><b>EVAN B. COHEN, MD</b>                                                                                                                     |                    | Director Name<br><b>ALYN ADRAIN, MD</b>                               |                           |                     |                     |
| Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>                                                                                                      |                    | Street Address<br><b>44 WEST RIVER STREET, 2ND FLOOR</b>              |                           |                     |                     |
| City<br><b>PROVIDENCE</b>                                                                                                                                     | State<br><b>RI</b> | Zip<br><b>02904</b>                                                   | City<br><b>PROVIDENCE</b> | State<br><b>RI</b>  | Zip<br><b>02904</b> |
| 9. SHARES AUTHORIZED                                                                                                                                          |                    | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                           |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    | NUMBER OF SHARES                                                      | CLASS/SERIES              | PAR VALUE           |                     |
|                                                                                                                                                               |                    | 730                                                                   | COMMON                    | NO PAR              |                     |
|                                                                                                                                                               |                    |                                                                       |                           |                     |                     |

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.

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

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

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

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FOR SECRETARY OF STATE USE ONLY

**MAR 05 2015**

Form No. 630  
Revised: 01/2012

**BY**

**6097**

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 of Authorized Representative

Date

**NEIL R. GREENSPAN, MD, PRESIDENT**

Print or Type Name of Authorized Representative

**ENDOSCOPY ASSOCIATES, INC. #135696**  
**2015 Annual Report**

**7. Officers (cont'd)**

David Schreiber, M.D.  
Vice President  
44 West River Street  
2nd Floor  
Providence, RI 02904

Jeremy Spector, M.D.  
Vice President  
44 West River Street  
2nd Floor  
Providence, RI 02904

Brett D. Kalmowitz, M.D.  
44 West River Street  
2nd Floor  
Providence, RI 02904

Valley Dreisbach, M.D.  
44 West River Street  
2nd Floor  
Providence, RI 02904

**8. Directors (cont'd)**

David Schreiber, M.D.  
44 West River Street  
2nd Floor  
Providence, RI 02904

Jeremy Spector, M.D.  
44 West River Street  
2nd Floor  
Providence, RI 02904

Brett D. Kalmowitz, M.D.  
44 West River Street  
2nd Floor  
Providence, RI 02904

Valley Dreisbach, M.D.  
44 West River Street  
2nd Floor  
Providence, RI 02904

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**MAR 05 2015**

**BY** 6097

**ENDOSCOPY ASSOCIATES, INC.**

**Joint Unanimous Written Consent of Shareholders and Directors**  
**In Lieu of Annual Meeting of Shareholders and Annual Meeting of Directors**

The undersigned, constituting all of the Shareholders and all of the members of the Board Directors of Endoscopy Associates, Inc., a Rhode Island professional services corporation (the "Corporation"), hereby consent to the taking of the following action for and on behalf of the Corporation:

VOTED: That the following persons be, and hereby are, elected to serve as Directors of the Corporation until the next Annual Meeting of Shareholders or until their successors are duly named and qualified:

|                          |                         |
|--------------------------|-------------------------|
| Evan B. Cohen, M.D.      | Neil R. Greenspan, M.D. |
| Samir Ashok Shah, M.D.   | David Schreiber, M.D.   |
| Alyn L. Adrain, M.D.     | Jeremy Spector, M.D.    |
| Brett D. Kalmowitz, M.D. | Valley Dreisbach, M.D.  |

VOTED: That the following persons be, and hereby are, elected to the offices set forth opposite their respective name until the next Annual Meeting of Directors or until their successors are duly named and qualified:

|                |   |                          |
|----------------|---|--------------------------|
| President      | - | Neil R. Greenspan, M.D.  |
| Vice President | - | David Schreiber, M.D.    |
| Vice President | - | Evan B. Cohen, M.D.      |
| Vice President | - | Jeremy Spector, M.D.     |
| Vice President | - | Brett D. Kalmowitz, M.D. |
| Vice President | - | Valley Dreisbach, M.D.   |
| Treasurer      | - | Alyn L. Adrain, M.D.     |
| Secretary      | - | Samir Ashok Shah, M.D.   |

VOTED: That all actions of the Officers and Directors of the Corporation taken for and on behalf of the Corporation be, and hereby are, ratified and approved in all respects.

VOTED: That all action hereby taken shall have the same effect for all purposes as if such action had been taken at an Annual Meeting of Shareholders and Annual Meeting of Directors of the Corporation.

**FILED**

**[SIGNATURE BLOCK APPEARS ON NEXT PAGE]**

**MAR 05 2015**

**BY** W097

IN WITNESS WHEREOF, the undersigned have executed this Unanimous Consent as of the \_\_\_\_\_ day of \_\_\_\_\_, 2015.

SHAREHOLDERS:

DIRECTORS:

\_\_\_\_\_  
Evan B. Cohen, M.D.

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Evan B. Cohen, M.D.

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Neil R. Greenspan, M.D.

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Neil R. Greenspan, M.D.

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Samir Ashok Shah, M.D.

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Samir Ashok Shah, M.D.

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David Schreiber, M.D.

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David Schreiber, M.D.

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Alyn L. Adrain, M.D.

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Alyn L. Adrain, M.D.

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Jeremy Spector, M.D.

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Jeremy Spector, M.D.

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Brett D. Kalmowitz, M.D.

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Brett D. Kalmowitz, M.D.

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Valley Dreisbach, M.D.

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Valley Dreisbach, M.D.

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