



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

2015

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 15137		2. Exact name of the Corporation KENT SURGICAL ASSOCIATES, INC.			
3. Principal office address 227 CENTERVILLE RD		City WARWICK	State RI	Zip 02886	
4. Business Phone No. 401-737-4828		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL SURGEONS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BERNARD P. ST. JEAN, MD			Vice-President Name		
Street Address 227 CENTERVILLE RD			Street Address		
City WARWICK	State RI	Zip	City	State	Zip
Secretary Name GUY LANCELOTTI, MD / JOSEPH BRADY, MD			Treasurer Name BERNARD P. ST. JEAN, MD		
Street Address 227 CENTERVILLE RD			Street Address 227 CENTERVILLE RD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BERNARD P. ST. JEAN, MD			Director Name JOSEPH BRADY, MD		
Street Address 227 CENTERVILLE RD			Street Address 227 CENTERVILLE RD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name GUY LANCELOTTI, MD			Director Name		
Street Address 227 CENTERVILLE RD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
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. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			400	COMMON	NO PAR VALUE

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 _____
FOR SECRETARY OF STATE USE ONLY

FILED
SEP 18 2015

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
JOSEPH BRADY, MD
 Date
9/16/15

Print or Type Name of Authorized Representative

BY 6187