



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation:

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 22 2018

BY

23888

1. Entity ID Number 9960		2. Exact name of the Corporation Gastroenterology Associates, Inc.			
3. Principal Office Address 44 West River Street			City Providence	State RI	Zip 02904
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical office			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neil R. Greenspan, MD			Vice-President Name David Schreiber, MD		
Street Address 44 West River Street			Street Address 44 West River Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Samir A. Shah, MD			Treasurer Name		
Street Address 44 West River Street			Street Address 44 West River Street		
City Providence	State RI	Zip 02904	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Neil R. Greenspan, MD			Director Name David Schreiber, MD		
Street Address 44 West River Street			Street Address 44 West River Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Samir A. Shah, MD			Director Name Alyn L. Adrain, MD		
Street Address 44 West River Street			Street Address 44 West River Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		480	CNP	0	
11. 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. 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.					
Name of Authorized Representative Neil R. Greenspan, MD				Date 03/09/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

ID 9960

GASTROENTEROLOGY ASSOCIATES, INC. #9960

2018 ANNUAL REPORT

Officers (cont'd)

Alyn L. Adrain, MD
Vice President
44 West River Street
Providence, RI 02904

Jeremy Spector, MD
Vice President
44 West River Street
Providence, RI 02904

Brett D. Kalmowitz, MD
Vice President
44 West River Street
Providence, RI 02904

Valley C. Dreisbach, MD
Vice President
44 West River Street
Providence, RI 02904

Directors (cont'd)

Jeremy Spector, MD
Director
44 West River Street
Providence, RI 02904

Brett D. Kalmowitz, MD
Director
44 West River Street
Providence, RI 02904

Valley C. Dreisbach, MD
Director
44 West River Street
Providence, RI 02904

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