



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 118768		2. Exact name of the Corporation Coastal Rheumatology, P.C., Inc.			
3. Principal Office Address 45 Wells Street			City Westerly	State RI	Zip 02891
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Rendering Professional Medical Health Care Services			
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 Christopher D'Arcy			Vice-President Name		
Street Address 45 Wells Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Christopher D'Arcy			Treasurer Name Christopher D'Arcy		
Street Address 45 Wells Street			Street Address 45 Wells Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			10	Common	No Par Value
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. <i>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.</i>					
Name of Authorized Representative Christopher D'Arcy, M.D., President				Date 1/18/19	
Signature of Authorized Representative 				FILED FEB 01 2019 2090	