RI SOS Filing Number: 201919502540 Date: 9/13/2019 4:00:00 PM

(AR)

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019

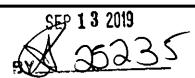
Corporation	<del></del>		_				
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		ot filed by April 1.					
1. Entity ID Number 000009960		2. Exact name of the Corporation  Gastroenterology Associates, Inc.					
3. Principal Office Address	-		City	-	State	Zip	
44 West River Street	Providence	Providence		02904			
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in I					
62111	Medical Offi	Medical Office					
5. State of Incorporation	<b>—</b>						
Rhode Island							
7. List ALL officers (names ar	nd addresses)		<del></del>		ck the box to in	dicate an attachment 🖸	
President Name Neil Greensp	an, MD		Vice-Presiden	Vice-President Name David Schreiber, MD			
Street Address 44 West River	Street Address	Street Address 44 West River Street					
<sup>City</sup> Providence	State RI	<sup>Zıp</sup> 02904	City Providence		State RI	Zip <b>02904</b>	
Secretary Name Samir A. Shah, MD			Treasurer Nan	Treasurer Name			
Street Address 44 West River Street			Street Address	Street Address 44 West River Street			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02904	City Providence		State RI	<sup>Zip</sup> 02904	
8. List ALL directors (names a	and addresses)				ck the box to in	dicate an attachment	
Director Name Neil R. Greens	Director Name	Director Name David Schreiber, MD					
Street Address 44 West River	Street Address 44 West River Street						
City Providence	State RI	<sup>Zip</sup> 02904	City Providence		State RI	<sup>Zip</sup> 02904	
Director Name Samir A. Shah, MD			Director Name	Director Name Alyn L. Adrain, MD			
Street Address 44 West River	Street Address	Street Address 44 West River Street					
City Providence	State RI	Zip 02904	City Providence		State RI	Zip <b>02904</b>	
			O. Shares Issued ( NUMBER OF SHARES CLASS			dicate an attachment PAR VALUE	
This Information is currently of record in the Department of State. Changes require an additional filing.		480	FSHARES	CNP		0	
11. This report must be executrustee, this report must be ex					rporation is in th	ne hands of a receiver or	
Under penalty of perjury, I d	declare and affirm t	that I have examin	ed this report, i		ompanying sc	hedules and	
statements, and that all sta Name of Authorized Represe		herein are true ar	nd correct.	<del></del>	Date	<u> </u>	
Neil R. Greenspan, MD		09/06/2019					
Signature of Authorize Property	esentative	Sign 00	o:FILEDRE				

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

3. . . P

# GASTROENTEROLOGY ASSOCIATES, INC. #9960

## 2014 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)

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

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

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