



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Professional Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000083698

**2. Name of Corporation** Coastal Medical, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 10 DAVOL SQUARE  
SUITE 400

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PROVIDE PRIMARY CARE MEDICAL SERVICES TO PATIENTS REQUESTING SUCH SERVICES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

PRESIDENT	G. ALAN KUROSE M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
TREASURER	JOSEPH TERLATO M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
SECRETARY	JOSEPH TERLATO M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
CHAIR	DAVID FRIED M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	ROBERT CICCHELLI M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	JOSHUA FISCHER M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	MANOJ GARG D.O.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	ANNE CUSHING-BRESCIA M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	PETER KARZMAR M.D.	10 DAVOL SQUARE, SUITE 400 PP, RI 02903 USA
DIRECTOR	RAYMOND ZARLENGO M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	AIDAN PETRIE	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	JAMES SCHWARTZ M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	KAREN STEVENSON M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	LUIS OSORIO M.D.	10 DAVOL SQUARE, SUITE 400 PROVIDENCE, RI 02903 USA
DIRECTOR	CRISTINA MITCHELL M.D.	10 DAVOL SQUARE PROVIDENCE, RI 02903 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	8,000.00	0

**9. 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.**

**Signed this 15 Day of January, 2020 at 11:30:07 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By G. ALAN KUROSE, M.D.  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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