



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (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: 2008

1. Corporate ID No. 000128344

2. Name of Corporation University Internal Medicine, Inc.

3. Street Address Principal Business Office:

No. and Street: 407 EAST AVENUE, SUITE 120

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

4. Business Phone No.

401 725-4700

5. State of Incorporation

State: RI

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

TO PRACTICE INTERNAL MEDICINE

7. Names and Addresses of the Officers and Directors:

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|--|--|
| TREASURER | MADHAVI N YERNENI MD | 7 EUGENIA DR MANSFIELD, MA 02048 USA |
| SECRETARY | FELICIA MEILA MD | 131 OAKHILL AVE PAWTUCKET, RI 02860 USA |
| PRESIDENT | CHRISTINE HERBERT MD | 37 FERNCREST AVENUE CRANSTON, RI 02905- USA |
| VICE PRESIDENT | DAVID A MARCOUX MD | 74 OBSERVATORY AVE N PROVIDENCE, RI 02911 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> |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.00 | 8,000.00 | 400 |

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 21 Day of January, 2008 at 2:25:40 PM by the incorporator(s). *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 CHRISTINE V. HERBERT, MD
Signature of Authorized Representative of the Corporation

PRESIDENT
Title

Form No. 630
Revised 09/07

© 2007 - 2008 State of Rhode Island and Providence Plantations
All Rights Reserved