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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** 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.***

1. Corporate ID No.	2. Name of Corporation			
73250	Medical & Renal Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
250E CENTERVILLE ROAD		WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation			
4017397380	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE PRACTICE OF MEDICINE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
OWEN B. GILMAN, M.D.			NELSON CHU, M.D.		
Street Address			Street Address		
250E CENTERVILLE ROAD			250E CENTERVILLE ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Secretary Name			Treasurer Name		
NELSON CHU, M.D.			OWEN B. GILMAN, M.D.		
Street Address			Street Address		
250E CENTERVILLE ROAD			250E CENTERVILLE ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
OWEN B. GILMAN, M.D.			NELSON CHU, M.D.		
Street Address			Street Address		
250E CENTERVILLE ROAD			250E CENTERVILLE ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
500	COMMON	NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
205	COMMON	NO PAR VALUE
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

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.

Owen B Gilman — 2/13/08
Signature — *Date*

OWEN B. GILMAN, M.D.
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date FEB 15 2008
Check No.
By 6197
By:
20692-37-232544
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06

Medical & Renal Associates, Inc.
Corporate ID No. 73250

ATTACHMENT

Assistant Secretary	Owen B. Gilman, M.D.	250E Centerville Road Warwick, RI 02886

FILED
FEB 15 2008
By 73250