



**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

| LOGOUT |

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1



Help with this form

*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.** 000065330

**2. Name of Corporation** University Rehabilitation, Inc.

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

No. and Street: 450 VETERANS MEMORIAL PAF

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

**4. Business Phone No.**

401 435-2288

**5. State of Incorporation**

State: RI

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

MEDICAL

**FILED**

JAN 17 2008

By *YMD*  
#65330

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

| Delete | Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|--------|-------|--|--|
|        |       |  |  |

|                          |           |                    |  |
|--------------------------|-----------|--------------------|--|
| <input type="checkbox"/> | PRESIDENT | JOHN R PARZIALE MD | 450 VETERAN'S MEMORIAL PARKWAY #12<br>EAST PROVIDENCE, RI 02914- USA |
|--------------------------|-----------|--------------------|--|

Select From Below

Title:

First Name: Middle Name: Last Name: Suffix:  
 Address: City: State: Zip: Country:

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| STK            |                 | \$1.00              | 8,000.00   | 100.00   |

**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.**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: John R. Parziale  
 Business Name: University Rehabilitation, Inc.  
 No. and Street: 450 Veterans Memorial Parkw. - Same Address as -  
 Building #12  
 City or Town: East Providence State: RI Zip: 02914 Country: USA  
 Contact Phone: 401 435-2288 ext:  
 Contact Email: jrp@urehab.necoxmail.com

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

**Signed this 17 Day of January, 2008 at 10:33:39 AM 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 John R. Parziale, M.D.  
 Signature of Authorized Representative of the Corporation  
 President  
 Title