



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 2010**

**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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 107510		2. Name of Corporation University Neurosurgery, Inc.		
3. Street Address Principal Business Office 1 Davol Square, Suite 302		City Providence	State RI	Zip 02903
4. Business Phone No. 401-455-1749		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To render professional services by persons authorized to practice medicine in the state of Rhode Island.				
7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Adetokunbo A. Oyelese		Vice President Name Curtis E. Doberstein		
Street Address 1 Davol Square, Suite 302		Street Address 1 Davol Square, Suite 302		
City Providence	State RI	Zip 02903	City Providence	State RI
Secretary Name Ellen T. Matesaz		Treasurer Name Ellen T. Matesaz		
Street Address 55 Claverick Street, Suite 100		Street Address 55 Claverick Street, Suite 100		
City Providence	State RI	Zip 02903	City Providence	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Curtis E. Doberstein		Director Name Ellen T. Matesaz		
Street Address 1 Davol Square, Suite 302		Street Address 55 Claverick Street, Suite 100		
City Providence	State RI	Zip 02903	City Providence	State RI
Director Name John A. Duncan III		Director Name		
Street Address 55 Claverick Street, Suite 100		Street Address		
City Providence	State RI	Zip 02903	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES --- THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series Common	Par Value No par
		THIS SECTION MUST BE COMPLETED		

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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.

**FILED**

MAR 07 2011

By 139288 OS

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.

Signature: Adetokunbo A. Oyelese Date: 3.3.11  
 Print or Type Name: President  
 Title: \_\_\_\_\_

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
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