



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000487435

2. Name of Corporation University Cardiovascular Surgical Associates, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 75 NEWMAN AVENUE

P. O. BOX 16149

City or Town: RUMFORD

State: RI Zip: 02916 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

BENEFIT AND SUPPORT OF THE TEACHING, RESEARCH AND PATIENT CARE MISSIONS
OF THE DEPARTMENT OF SURGERY AND THE DIVISION OF CARDIVASCULAR
SURGERY AT BROWN UNIVERSITY SCHOOL OF MEDICINE AND RHODE ISLAND
HOSPITAL AND OTHER LIFESPAN CORPORATION HOSPITALS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK SELKE MD	2 DUDLEY ST., STE 470 PROVIDENCE, RI 02905 USA
VICE PRESIDENT	ARUN SINGH MD	2 DUDLEY ST., STE 470 PROVIDENCE, RI 02905 USA
DIRECTOR	WILLIAM CIOFFI MD	2 DUDLEY STREET, SUITE 470 PROVIDENCE, RI 02905 USA
DIRECTOR	FRANK SELKE MD	2 DUDLEY ST., STE 470 PROVIDENCE, RI 02905 USA
DIRECTOR	TIMOTHY BABINEAU M.D.	2 DUDLEY STREET, SUITE 470 PROVIDENCE, RI 02905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

WILLIAM CIOFFI, M.D. 2 DUDLEY STREET, SUITE 470 PROVIDENCE , RI 02905

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 4 Day of June, 2012 at 11:05:34 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 § 7-6.*

By FRANK SELLKE, M.D.

Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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