



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>10321</b>		2. Exact name of the Corporation <b>Hypertension &amp; Nephrology, Inc.</b>					
3. Principal office address <b>1076 NORTH MAIN STREET</b>				City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No. <b>4018617711</b>				5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>PROVIDING PROFESSIONAL MEDICAL CARE AND SERVICES.</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <b>DAVID C. YOBURN, M.D.</b>				Vice-President Name <b>RICHARD A. COTTIERO, M.D.</b>			
Street Address <b>1076 NORTH MAIN STREET</b>				Street Address <b>1076 NORTH MAIN STREET</b>			
City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02904</b>		City <b>PROVIDENCE</b>		Zip <b>02904</b>
Secretary Name <b>ELKIN O. ESTRADA, M.D.</b>				Treasurer Name <b>DAVID C. YOBURN, M.D.</b>			
Street Address <b>1076 NORTH MAIN STREET</b>				Street Address <b>1076 NORTH MAIN STREET</b>			
City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02904</b>		City <b>PROVIDENCE</b>		Zip <b>02904</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
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.				NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
				100	COMMON		\$0.00

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**JAN 18 2013**

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 of Authorized Representative

**DAVID C. YOBURN, M.D.**

Print or Type Name of Authorized Representative

*[Signature]*  
 Date **1/14/13**

By *[Signature]*  
 CR # 27870

**Attachment**

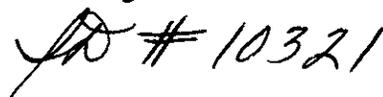
**Corporate ID No. 10321  
Hypertension & Nephrology, Inc.**

<b>Vice President</b>	<b>Jeffrey D. Clement, M.D.</b>	<b>1076 North Main Street Providence, RI 02904</b>
<b>Assistant Secretary</b>	<b>Jeffrey D. Clement, M.D.</b>	<b>1076 North Main Street Providence, RI 02904</b>

**FILED**

**JAN 18 2013**

By 

 ID # 10321