



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

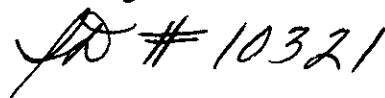
**Corporate ID No. 10321
Hypertension & Nephrology, Inc.**

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

FILED

JAN 18 2013

By 

 ID # 10321