



**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:** 2013

**1. Corporate ID No.** 000704643

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

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 75 NEWMAN AVENUE, 2ND FLR.  
PO 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**

SUPPORT THE TEACHING RESEARCH AND PATIENT CARE MISSIONS OF THE MEMBERS OF THE CORPORATION

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	WILLIAM G CIOFFI MD	2 DUDLEY STREET, SUITE 470 PROVIDENCE, RI 02906 USA
TREASURER	JOHN J CRONAN MD	593 EDDY STREET, MAIN BLDG 3RD FLR

		PROVIDENCE, RI 02903 USA
SECRETARY	BRIAN J ZINK MD	55 CLAVERICK STREET, 2ND FLR PROVIDENCE, RI 02903 USA
VICE PRESIDENT	LOUIS B RICE MD	593 EDDY STREET, SUITE 150 PROVIDENCE, RI 02903 USA
DIRECTOR	MICHAEL G EHRLICH MD	2 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	BRIAN J ZINK MD	55 CLAVERICK STREET, 2ND FLR PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN J CRONAN MD	593 EDDY STREET, MAIN BLDG 3RD FLR PROVIDENCE, RI 02903 USA
DIRECTOR	MARK SIGMAN MD	2 DUDLEY ST., STE 185 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 13 Day of May, 2013 at 2:07:02 PM.** *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 WILLIAM G. CIOFFI, 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