



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 **2016**

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. 14772		2. Exact name of the Corporation Nephrology Associates, Inc.			
3. Principal office address 318 Waterman Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-5950			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Medical Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Joseph A. Chazan, MD			Vice-President Name Christopher J. Cosgrove, MD		
Street Address 318 Waterman Avenue			Street Address 318 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Joseph A. Chazan, MD			Treasurer Name Joseph A. Chazan, MD		
Street Address 318 Waterman Avenue			Street Address 318 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph A. Chazan, MD			Director Name Michael A. Thursby, DO		
Street Address 318 Waterman Avenue			Street Address 318 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 0914
Director Name Christopher J. Cosgrove, MD			Director Name		
Street Address 318 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	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	CNP	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 14 2016

BY KL 19533

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 _____ Date **01/11/2016**

Joseph A. Chazan, MD

Print or Type Name of Authorized Representative

Nephrology Associates, Inc.
Entity ID: 14772

Attachment

7. Additional Officers

Vice President 2
Michael A. Thursby, DO
318 Waterman Avenue
East Providence, RI 02914

Vice President 3
Steven B. Zipin, MD
318 Waterman Avenue
East Providence, RI 02914