



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. 130952		2. Exact name of the Corporation UNIVERSITY FAMILY MEDICINE, INC.			
3. Principal office address 1351 SOUTH COUNTY TRAIL			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO CARRY ON ANY AND ALL BUSINESS THAT PHYSICIANS LICENSED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PIERRE R. MANZO			Vice-President Name KAREN BLACKMER		
Street Address 28 MYRICK DRIVE			Street Address 145 GILBERT STUART ROAD		
City SLATERSVILLE	State RI	Zip 02876	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name ELLEN HIGHT			Treasurer Name PIERRE R. MANZO		
Street Address 20 MILES AVENUE			Street Address 28 MYRICK DRIVE		
City PROVIDENCE	State RI	Zip 02906	City SLATERSVILLE	State RI	Zip 02876
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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			400	COMMON	NO PAR

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

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

Pierre Manzo MD
 Print or Type Name of Authorized Representative

FILED

FEB 16 2016

BY

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