



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1338938		2. Exact name of the Corporation University Urological Research and Education Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To further research, education and awareness in the field of urology in order to improve urologic health			
5. Principal office address 195 Collyer Street, Suite 201		City Providence	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark Sigman, MD		Vice-President Name			
Street Address 195 Collyer Street		Street Address			
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gyan Pareek, MD		Director Name Joseph Renzulli, MD			
Street Address 195 Collyer Street		Street Address 195 Collyer Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Stephen Schiff, MD		Director Name Simone Thavaseelan, MD			
Street Address 195 Collyer Street		Street Address 195 Collyer Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED *a*
 File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY *3126*

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 Officer or Authorized Representative: *Gyan Pareek*
 Date: *6/25/16*
 Print or Type Name of Officer or Authorized Representative: **Gyan Pareek, MD**