



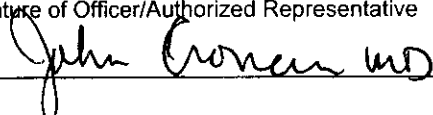
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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

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

1. Entity ID Number		2. Exact name of the Corporation			
000704643		University Physicians, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Support the teaching research and patient care mission of the members of the			
5. Principal Office Address		City	State	Zip	
5 Dudley Street, Suite 470		Providence	RI	02905	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Brian Zink MD		Vice-President Name Louis Rice MD			
Street Address 55 Claverick St. 2nd Floor		Street Address 593 Eddy St., Suite 150			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name William Cioffi MD		Treasurer Name John Cronan MD			
Street Address 2 Dudley St., Suite 470		Street Address 593 Eddy Street, Main Bldg 3rd Floor			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02903
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Michael Ehrlich MD		Director Name Brian Zink MD			
Street Address 2 Dudley Street		Street Address 55 Claverick St., 2nd Floor			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02903
Director Name John Cronan MD		Director Name Mark Sigman MD			
Street Address 593 Eddy Street, Main Bldg 3rd Floor		Street Address 2 Dudley St., Suite 185			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02905
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative John Cronan, MD				Date 6/8/16	
Signature of Officer/Authorized Representative  6/8/16					

FILED

JUN 10 2016

By KL 1137