



**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)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Brian Zink MD</b>			Vice-President Name <b>Louis Rice MD</b>		
Street Address <b>55 Claverick St. 2nd Floor</b>			Street Address <b>593 Eddy St., Suite 150</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>William Cioffi MD</b>			Treasurer Name <b>John Cronan MD</b>		
Street Address <b>2 Dudley St., Suite 470</b>			Street Address <b>593 Eddy Street, Main Bldg 3rd Floor</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Michael Ehrlich MD</b>			Director Name <b>Brian Zink MD</b>		
Street Address <b>2 Dudley Street</b>			Street Address <b>55 Claverick St., 2nd Floor</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>John Cronan MD</b>			Director Name <b>Mark Sigman MD</b>		
Street Address <b>593 Eddy Street, Main Bldg 3rd Floor</b>			Street Address <b>2 Dudley St., Suite 185</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
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>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative				Date	
<b>John Cronan, MD</b>				<b>6/8/16</b>	
Signature of Officer/Authorized Representative					
<i>John Cronan MD</i> 6/8/16					

**FILED**

**JUN 10 2016**

By KL 1137