



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 13641		2. Exact name of the Corporation Urology Associates, Inc.			
3. Principal Office Address 38 Powell Avenue		City Newport		State RI	Zip 02840
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Professional Services, Medicine, Urology			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arnold A. Sarazen, M.D.			Vice-President Name John P. Heffernan, M.D.		
Street Address 38 Powell Avenue			Street Address 38 Powell Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Joseph D. Heineman, M.D.			Treasurer Name		
Street Address 38 Powel Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arnold a. Sarazen, M.D.			Director Name John P. Heffernan, M.D.		
Street Address 38 Powell Avenue			Street Address 38 Powell Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Joseph D. Heineman, M.D.			Director Name		
Street Address 38 Powell Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		2,500		COMMON	\$1.00
11. 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. 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.					
Name of Authorized Representative ARNOLD A. SARAZEN					Date 1-31-17
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016