



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

Annual Report for the year: 2018
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 10321		2. Exact name of the Corporation Hypertension & Nephrology, Inc.			
3. Principal Office Address 1076 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island PROVIDING PROFESSIONAL MEDICAL CARE AND SERVICES.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name RICHARD A. COTTIERO, M.D.			Vice-President Name JEFFREY D. CLEMENT, M.D.		
Street Address 1076 NORTH MAIN STREET			Street Address 1076 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name ELKIN O. ESTRADA, M.D.			Treasurer Name RICHARD A. COTTIERO, M.D.		
Street Address 1076 NORTH MAIN STREET			Street Address 1076 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an 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 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
		100		COMMON	\$0.00
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. <i>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.</i>					
Name of Authorized Representative RICHARD A. COTTIERO, M.D.				Date 1/24/2018	
Signature of Authorized Representative 				FILED JAN 29 2018 3112	

Annual Report Attachment

**Corporate ID No. 10321
Hypertension & Nephrology, Inc.**

Vice President	Elkin O. Estrada, M.D.	1076 North Main Street Providence, RI 02904
Assistant Secretary	Keith R. Bartolomei, M.D.	1076 North Main Street Providence, RI 02904