



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

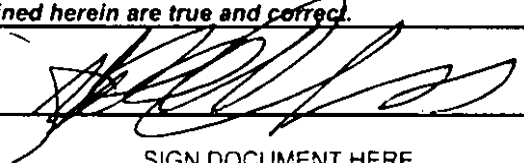
Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2018

BY 4846

1. Entity ID Number 000014772		2. Exact name of the Corporation Nephrology Associates, Inc.			
3. Principal Office Address 318 Waterman Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Medical Services				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Joseph A. Chazan, MD			Vice-President Name See Attached		
Street Address 290 Blackstone Blvd			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Joseph A. Chazan, MD			Treasurer Name Joseph A. Chazan, MD		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 8000	CLASS/SERIES CNP	PAR VALUE 100	
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 Joseph A. Chazan, MD				Date 2/20/2018	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

Nephrology Associates, Inc.

Officers

Effective 11/11/2015

ID

14772

Office	Name
President	Joseph A. Chazan, MD 290 Blackstone Boulevard Providence, RI 02906
Treasurer	Joseph A. Chazan, MD
Secretary	Joseph A. Chazan, MD
Vice President	Christopher J. Cosgrove, MD 60 Hidden Lane East Greenwich, RI 02818
Vice President	Michael A. Thursby, DO 66 Laurie Lane North Attleboro, MA 02760
Vice President	Steven B. Zipin, MD 340 Prospect Street Seekonk, MA 02771

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FEB 26 2018

BY

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