



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

Annual Report for the year: **2018**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000028437		2. Exact name of the Corporation University Surgical Associates, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To engage in medical research in conjunction with hospitals associated with Brown University School of Medicine			
4. NAICS Code 622110 - General Medical and S					
6. Principal Office Address 75 Newman Avenue		City Rumford	State RI	Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Cloffi, MD		Vice-President Name Stephen Migliori, MD			
Street Address 593 Eddy Street		Street Address 2 Dudley Street, Suite 370			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Ariet Kurkchubasche, MD		Treasurer Name Ariet Kurkchubasche, MD			
Street Address 2 Dudley Street, Suite 190		Street Address 2 Dudley Street, Suite 190			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeffrey Slatby, MD		Director Name Charles Adams, MD			
Street Address 2 Dudley Street, Suite 470		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Thomas Ng, MD		Director Name David Harrington, MD			
Street Address 2 Dudley Street, Suite 470		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
<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>					
<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 William Cloffi, MD				Date 6/15/18	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 21 2018

BY 75080 DB FORM 631 - Revised: 11/2017