



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

Annual Report for the year: 2018
Corporation

STAMP

- 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 94453		2. Exact name of the Corporation University Dermatology, Inc.			
3. Principal Office Address 593 Eddy St, APC 10			City Providence	State RI	Zip 02903
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To engage primarily in the specific business of practicing medicine.			
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 Abrar Qureshi, MD, MPH			Vice-President Name Jennie Muglia, MD		
Street Address 24 Hallett Hill Road			Street Address 3 Field Lane		
City Weston	State MA	Zip 02493	City Barrington	State RI	Zip 02806
Secretary Name David Farrell, MD			Treasurer Name Abrar Qureshi, MD, MPH		
Street Address 27 Jenny Lane			Street Address 24 Hallett Road		
City Barrington	State RI	Zip 02806	City Weston	State MA	Zip 02493
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Abrar Qureshi, MD, MPH			Director Name		
Street Address 24 Hallett Road			Street Address		
City Weston	State MA	Zip 02493	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		PAR VALUE
			CLASS/SERIES		
			700	common	1.00
					2018
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 ABRAR QURESHI, MD, MPH				Date 9/19/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED OCT 03 2018 2094/20923	

RECEIVED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10/3/18

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