



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>700</td><td>common</td><td>1.00</td></tr><tr><td></td><td></td><td>2018</td></tr></tbody></table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	700	common	1.00			2018
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
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. <b>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.</b>														
Name of Authorized Representative ABRAR QURESHI, MD, MPH				Date 9/19/18										
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> OCT 03 2018 2094/20923										

MAIL TO:  
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