



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

FILED

JAN 09 2019

BY S803

Annual Report for the year: 2019
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 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 <input checked="" type="checkbox"/>					
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 <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
			8000	CNP	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 01/03/2019	
Signature of Authorized Representative 					

MAIL TO:
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