



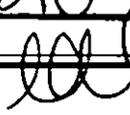
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

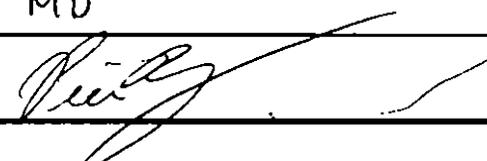
Annual Report for the year: 2019
Corporation

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

FILED

FEB 11 2019

BY 6420


1. Entity ID Number 130952		2. Exact name of the Corporation UNIVERSITY FAMILY MEDICINE, INC.			
3. Principal Office Address 1351 SOUTH COUNTY TRAIL			City EAST GREENWICH	State RI	Zip 02818
4. <u>621210</u>		6. Brief description of the character of business conducted in Rhode Island TO CARRY ON ANY AND ALL BUSINESS THAT PHYSICIANS LICENSED TO PRACTICE MEDICINE IN THE STATE OF RHODE ISLAND			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PIERRE R. MANZO			Vice-President Name KAREN BLACKMER		
Street Address 28 MYRICK DRIVE			Street Address 145 GILBERT STUART ROAD		
City SLATERSVILLE	State RI	Zip 02876	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name			Treasurer Name		
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
			400		COMMON
					PAR VALUE
					1
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 Pierre R. Manzo MD					Date 2/6/19
Signature of Authorized Representative 					

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