



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
STAMP

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BY

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1. Entity ID Number 10461		2. Exact name of the Corporation University Otolaryngology - Head and Neck Surgery, Incorporated			
3. Principal Office Address 1351 South County Trail, Unit 303			City East Greenwich	State RI	Zip 02818
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical Services			
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 Charles M. Ruhl, M.D.			Vice-President Name Robert G. McRae, M.D.		
Street Address 830 Eddy Street			Street Address 830 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Sharon E. Gibson, M.D.			Treasurer Name Sharon E. Gibson, M.D.		
Street Address 830 Eddy Street			Street Address 830 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert G. McRae, M.D.			Director Name Sharon E. Gibson, M.D.		
Street Address 830 Eddy Street			Street Address 830 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Charles M. Ruhl, M.D.			Director Name		
Street Address 830 Eddy Street			Street Address		
City Providence	State RI	Zip 02905	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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			350	CNP	0.00
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 Charles M. Ruhl, M.D.					Date 3/7/19
Signature of Authorized Representative <i>Charles M. Ruhl</i>					SIGN DOCUMENT HERE