



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

Annual Report for the year: 2020  
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**

JAN 15 2020

BY

32237  
10

1. Entity ID Number 10321		2. Exact name of the Corporation Hypertension & Nephrology, Inc.			
3. Principal Office Address 1076 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island PROVIDING PROFESSIONAL MEDICAL CARE AND SERVICES			
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 checked="" type="checkbox"/></span>					
President Name RICHARD A. COTTIERO, M.D.			Vice-President Name JEFFREY D. CLEMENT, M.D.		
Street Address 1076 NORTH MAIN STREET			Street Address 1076 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name ELKIN O. ESTRADA, M.D.			Treasurer Name RICHARD A. COTTIERO, M.D.		
Street Address 1076 NORTH MAIN STREET			Street Address 1076 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 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>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$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.					
<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 RICHARD A. COTTIERO, M.D.					Date 1/8/20
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](http://www.sos.ri.gov)

**Annual Report Attachment**  
**Corporate ID No. 10321**  
**Hypertension & Nephrology, Inc.**

**FILED**  
JAN 15 2020  
BY 32237

**Vice President**

**Elkin O. Estrada, M.D.**

**1076 North Main Street  
Providence, RI 02904**

**Assistant Secretary**

**Keith R. Bartolomei, M.D.**

**1076 North Main Street  
Providence, RI 02904**