



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 130952		2. Name of Corporation University Family Medicine, Inc.			
3. Street Address Principal Business Office 121 HARBOR VIEW AVENUE		City SAUNDERSTOWN	State RI	Zip 02874	
4. Business Phone No. 4012947321		5. State of Incorporation RHODE ISLAND			6. SIC Code 9217
7. 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					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David W. Ashley		Vice President Name Pierre R. Manzo			
Street Address 121 Harbor View Avenue		Street Address 28 Myrick Drive			
City Saunderstown	State RI	Zip 02874	City Slatersville	State RI	Zip 02874
Secretary Name Ellen B. Hight		Treasurer Name Karen Blackmer			
Street Address 106 Blackstone Boulevard, Unit 3		Street Address 121 Harbor View Avenue			
City Providence	State RI	Zip 02906	City Saunderstown	State RI	Zip 02874
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		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
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			400	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 0 9 5 2

130952 DBC 01/15/05 04:04:39 PM

File Date 2-7-05

Check No. 168

By: KTB

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

David W. Ashley

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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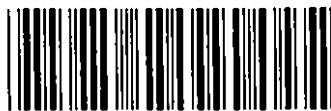
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* 1 3 0 9 5 2 *

File Date **2/6/04**
Check No. **116**
By: **[Signature]**

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Signature of Officer

David W. Ashley
Print or Type Name of Officer

President
Title of Officer