



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000157031

**2. Name of Corporation** University Ophthalmology Foundation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 78 BAKER STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO PROVIDE OPHTHALMOLOGY CARE TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, CONDUCT RESEARCH IN OPHTHAMALOGY, PARTICIPATE IN OPHTHAMOLOGY EDUCATION FOR FELLOWS, RESIDENTS AND MEDICAL STUDENTS

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

Corporation shall not be less than 3.

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT      | WILLIAM G. TSIARAS MD                          | 78 BAKER STREET<br>PROVIDENCE, RI 02905 USA                |
| TREASURER      | JOSEPH DUCHARME MD                             | 78 BAKER STREET<br>PROVIDENCE, RI 02905 USA                |
| VICE PRESIDENT | KING TO MD                                     | 78 BAKER STREET<br>PROVIDENCE, RI 02905 USA                |
| DIRECTOR       | WILLIAM G. TSIARAS MD                          | 78 BAKER STREET<br>PROVIDENCE, RI 02905 USA                |
| DIRECTOR       | KING TO MD                                     | 78 BAKER STREET<br>PROVIDENCE, RI 02905 USA                |
| DIRECTOR       | JOSEPH DUCHARME MD                             | 78 BAKER STREET<br>PROVIDENCE, RI 02905 USA                |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 16 Day of June, 2021 at 4:01:17 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WILLIAM G. TSIARAS MD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved