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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 16 2024
BY 333662

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
10321	Hypertension & Nephrology, Inc.

3. Principal Office Address	City	State	Zip
1076 NORTH MAIN STREET	PROVIDENCE	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
021111	TO PROVIDE PROFESSIONAL MEDICAL CARE AND SERVICES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name	Vice-President Name
KEITH R. BARTOLOMEI, MD	ELKIN O. ESTRADA, MD
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	**Treasurer Name**
ELKIN O. ESTRADA, MD	KATHERINE G. DAVOREN, MD
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) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	$0.00
Changes require an additional filing.			

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	Date
KEITH R. BARTOLOMEI, MD	2-8-24

Signature of Authorized Representative

Keith Bartolomei

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

FORM 630- Revised: 12/2023

Annual Report Attachment

Corporate ID No. 10321
Hypertension & Nephrology, Inc.

Assistant Secretary	Keith R. Bartolomei, M.D.	1076 North Main Street Providence, RI 02904
Assistant Secretary	Edward G. Medeiros, D.O.	1076 North Main Street Providence, RI 02904