



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

S11117

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

MAY 01 2024

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1. Entity ID Number 130952		2. Exact name of the Corporation University Family Medicine, Inc.			
3. Principal Office Address 1351 South County Trail			City East Greenwich	State RI	Zip 02818
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To carry on any and all business in which physicians are licensed to practice medicine in the State of Rhode Island			
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 Pierre R. Manzo			Vice-President Name Ellen B. Hight		
Street Address 28 Myrick Drive			Street Address 20 Miles Avenue		
City Slatersville	State RI	Zip 02876	City Providence	State RI	Zip 02906
Secretary Name Ellen B. Hight			Treasurer Name Pierre R. Manzo		
Street Address 20 Miles Avenue			Street Address 28 Myrick Drive		
City Providence	State RI	Zip 02906	City Slatersville	State RI	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Pierre R. Manzo			Director Name Ellen B. Hight		
Street Address 28 Myrick Drive			Street Address 20 Miles Avenue		
City Slatersville	State RI	Zip 02876	City Providence	State RI	Zip 02906
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			400	Common	No Par Value
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 Pierre R. Manzo				Date 4/10/24, 2024	
Signature of Authorized Representative 					