



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**Corporation**

STATE

MAY 01 2024

8030 a

- 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 <b>130952</b>		2. Exact name of the Corporation <b>University Family Medicine, Inc.</b>				
3. Principal Office Address <b>1351 South County Trail</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>	
4. NAICS Code <b>621111</b>		6. Brief description of the character of business conducted in Rhode Island <b>To carry on any and all business in which physicians are licensed to practice medicine in the State of Rhode Island</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>Pierre R. Manzo</b>			Vice-President Name <b>Ellen B. Hight</b>			
Street Address <b>28 Myrick Drive</b>			Street Address <b>20 Miles Avenue</b>			
City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
Secretary Name <b>Ellen B. Hight</b>			Treasurer Name <b>Pierre R. Manzo</b>			
Street Address <b>20 Miles Avenue</b>			Street Address <b>28 Myrick Drive</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name <b>Pierre R. Manzo</b>			Director Name <b>Ellen B. Hight</b>			
Street Address <b>28 Myrick Drive</b>			Street Address <b>20 Miles Avenue</b>			
City <b>Slatersville</b>	State <b>RI</b>	Zip <b>02876</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
Director Name <b>None</b>			Director Name <b>None</b>			
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
		<b>400</b>	<b>Common</b>	<b>No Par Value</b>		
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 <b>Pierre R. Manzo</b>					Date <b>4/10/24, 2024</b>	
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)