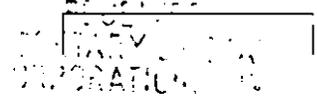




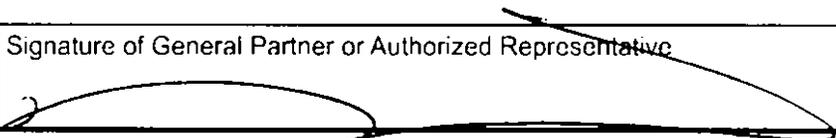
State of Rhode Island
Department of State - Business Services Division



Annual Report for the year: 2024
Partnership (LP, LLP, LLLP)

2024 DEC 16 PM 2:41

- 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 000087345	2. Exact Name of the Partnership University Surgical Network Limited Partnership		
3. NAICS Code 621111	4. Brief description of the character of business conducted in Rhode Island for the purpose of facilitating and administering payor arrangements		
5. State of Formation RI			
6. Principal Office Address 110 Elm Street, 2nd Floor		City Providence	State RI
		Zip 02903	
7. The name and business address of each general partner or one or more partner(s): <i>LP and LLLP only: an amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (foreign).</i>			
PARTNER		BUSINESS ADDRESS	
University Surgical Associates, Inc.		110 Elm Street, 2nd Floor, Providence, RI 02903	
University Surgical Alliance, Inc.		110 Elm Street, 2nd Floor, Providence, RI 02903	
Lee E. Estrom, MD		2 Dudley Street, Suite 460, Providence, RI 02903	
Women & Infants Hospital		101 Dudley Street, Providence, RI 02905	
Brown Urology		110 Elm Street, 2nd Floor, Providence, RI 02903	
University Otolaryngology		1351 S. County Traile, Bldg 3, East Greenwich, RI 02818	
Neurosurgery Foundation		110 Elm Street, 2nd Floor, Providence, RI 02903	
William G. Tsiaras, MD		28 Cedar Avenue, Barrington, RI 02806	
University Oral & Max Surgery Associates		1370 South County Trail, East Greenwich, RI 02818	
University Orthopedics		1 Kettle Point, East Providence, RI 02914	
Providence Anesthesiologists		593 Eddy Street, Providence, RI 02903	
8. Under penalty of perjury, I declare and affirm that I have examined this report, and that all statements contained herein are true and correct.			
Name of General Partner or Authorized Representative Robin Martin			Date 12/13/2024
Signature of General Partner or 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

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DEC 16 2024 2:42
BY H3BH7



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

December 16, 2024 02:42 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

