



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

RECEIVED
CORPORATION
2025 JAN - 7 PM 12:17

1. Entity ID Number 000086364		2. Exact name of the Corporation University Surgical Alliance, Inc.			
3. Principal Office Address 110 Elm Street			City Providence	State RI	Zip 02903
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To act as a general partner to limited partnerships.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Aurora Pryor, MD			Vice-President Name		
Street Address 110 Elm Street, 2nd Floor			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 900	CLASS-SERIES CNP	PARTIAL 0
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 Robin M. Martin				Date 01/03/2025	
Signature of Authorized Representative					

FILED

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

JAN 07 2025
BY VHLVQ
AA-12:20pm
FORM 630- Revised: 12/2023