RI SOS Filing Number: 202566932490 Date: 3/12/2025 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
686145	University Neurology, Inc.

3. Principal Office Address	City	State	Zip
725 RESERVOIR AVENUE, SUITE 308	Cranston	RI	02910

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541990	OPERATING A MEDICAL PRACTICE SPECIALIZING IN NEUROLOGY
5. State of Incorporation: Rhode Island	

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

President Name: JOSEPH V. CENTOFANTI			Vice-President Name:		
Street Address: 725 Reservoir Ave, Suite 308			Street Address:		
City: Cranston	State: RI	Zip: 02910	City:	State:	Zip:
Secretary Name: JOSEPH V. CENTOFANTI			Treasurer Name: JOSEPH V. CENTOFANTI		
Street Address: 725 Reservoir Ave, Suite 308			Street Address: 725 Reservoir Ave, Suite 308		
City: Cranston	State: RI	Zip: 02910	City: Cranston	State: RI	Zip: 02910

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR

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
JOSEPH V. CENTOFANTI	2/16/25

Signature of Authorized Representative

FILED

MAR 12 2025

BY 5757

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