



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED STATE
 R.I. DEPT. OF BUS. SERVICES DIV.
 2017 MAR - 7 PM 3:02

1. Entity ID Number 102102		2. Exact name of the Corporation UNIVERSITY PEDIATRICS, INC.	
3. Principal Office Address 100 HIGHLAND AVENUE, SUITE 302		City PROVIDENCE	State RI
		Zip 02906	
4. NAICS Code 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island To provide professional medical services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert E. Eden, M.D.		Vice-President Name None	
Street Address 100 Highland Avenue, Suite 302		Street Address	
City Providence	State RI	Zip 02906	
Secretary Name Robert E. Eden, M.D.		Treasurer Name None	
Street Address 100 Highland Avenue, Suite 302		Street Address	
City Providence	State RI	Zip 02906	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert E. Eden, M.D.		Director Name	
Street Address 100 Highland Avenue, Suite 302		Street Address	
City Providence	State RI	Zip 02906	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common
			PAR VALUE \$1.00
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 Robert E. Eden, M.D.		Date 2/28/17	
Signature of Authorized Representative <i>Robert E. Eden</i>			

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

MAR 07 2017

By: *[Signature]* 2971694