RI SOS Filing Number: 202210073160 Date: 2/11/2022 9:54:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Professional Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000128344

2. Name of Corporation University Internal Medicine, Inc.

3. Street Address Principal Business Office:

No. and Street: 407 EAST AVE

SUITE 120

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

4. Business Phone No.

4017254700

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

621111

6. Brief Description of the Character of Business Conducted in Rhode Island

TO PRACTICE INTERNAL MEDICINE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

| Title | Individual Name Address | | |
|-----------|-----------------------------|---|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| PRESIDENT | FELICIA MEILA MD | 131 OAKHILL AVE | |

| | [| PAWTUCKET, RI 02860 USA | |
|----------------|--|---|--|
| TREASURER | CHRISTINE V HERBERT MD 37 FERNCREST AVE CRANSTON, RI 02905 USA | | |
| SECRETARY | DAVID A MARCOUX MD | 74 OBSERVATORY AVE NORTH PROVIDENCE, RI 02911 USA | |
| OTHER OFFICER | ADDIE FANDETTI | 407 EAST AVE, SUITE 120 , | |
| VICE PRESIDENT | DAVID A MARCOUX MD | 74 OBSERVATORY AVE NORTH PROVIDENCE , RI 02911 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 8,000.00 | 300 |

9. 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.

Signed this 11 Day of February, 2022 at 9:56:57 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By FELICIA MEILA, MD PRESIDENT

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2022 State of Rhode Island All Rights Reserved