



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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2023 FEB 10 P 1:17

- 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 686145		2. Exact name of the Corporation University Neurology, Inc			
3. Principal Office Address 725 Reservoir Avenue, Suite 308			City Cranston	State RI	Zip 02910
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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 Joseph V. Centofanti					Date 1-23-23
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

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