



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 05 2024  
BY 5394  
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Annual Report for the year: 2024

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 686145	2. Exact name of the Corporation University Neurology, Inc.
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3. Principal Office Address 725 RESERVOIR AVENUE, SUITE 308	City Cranston	State RI	Zip 02910
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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES		CLASS/SERIES
	1000	COMMON	NO PAR
			PAR VALUE

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 2.2.24
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Signature of Authorized Representative 
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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040