



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

Annual Report for the year: 2018

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <input checked="" type="checkbox"/>		2. Exact name of the Corporation <input checked="" type="checkbox"/>	
29592		Rhode Island Chapter of the American College of Physicians	
3. State of Incorporation <input checked="" type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island <input checked="" type="checkbox"/>	
RI 813920 <input checked="" type="checkbox"/>		To explore advances in internal medicine and its subspecialties, examine current medical research, and support advocacy efforts to enhance the quality of health care.	
5. Principal Office Address		City	State
9 Strawberry Drive		Barrington	RI
		Zip	02806
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Audrey Kupchan, MD		Vice-President Name None	
Street Address 9 Strawberry Dr		Street Address	
City Barrington	State RI	Zip 02806	
Secretary Name Roni Phipps		Treasurer Name Thomas Reznick, MD	
Street Address 33 Annawamscutt Rd		Street Address Chapin Rd	
City Barrington	State RI	Zip 02806	City Barrington State RI Zip 02806
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Fred Schiffman, MD		Director Name Thomas Bledsoe, MD	
Street Address Miriam Hospital 164 Summit Ave, Rm 342		Street Address 375 Wampanoag Trail	
City Providence	State RI	Zip 02906	City East Providence State RI Zip 02906
Director Name Yul Ejnes, MD		Director Name	
Street Address 75 Sockanosset Cross Rd		Street Address	
City Cranston	State RI	Zip 02920	City State Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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. <input checked="" type="checkbox"/>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative			Date
Roni Phipps			6/26/2018
Signature of Officer/Authorized Representative			
			SIGN DOCUMENT HERE

FILED
 JUN 28 2018
 BY 2409 DS