



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

Annual Report for the year: 2019

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.

FILED

JUN 05 2019

BY 2444 DS

1. Entity ID Number 29592		2. Exact name of the Corporation Rhode Island Chapter of the American College of Physicians			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island 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 33 Annawamscutt Rd		City Barrington	State RI	Zip 02806	
6. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Kelly McGarry, MD		Vice-President Name None			
Street Address 58 West Shore Drive		Street Address			
City Exeter	State RI	Zip 02822	City	State	Zip
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					
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 02915
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. ☺					
<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 Roni Phipps				Date 5/22/2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	