RI SOS Filing Number: 200811531650 Date: 06/04/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
30009	The Rhode Island Psychiatric Society: A District Branch of the APA		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	235 Promenade STreet, Suite 500	Providence	02908
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
NonProfit organization for psychiatrists promoting education.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Anthony Jay Thornton, MD	55 Cherry Lane	Wakefield	RI	02834

Vice President Name	Street Address	City	State	Zip
Russell L. Pet, MD	12 Woodford Road	Barrington	RI	02806

Secretary Name	Street Address	City	State	Zip
Jody Underwood, MD	79 Terrace Avenue	Riverside	RI	02915

Treasurer Name	Street Address	City	State	Zip
Jody Underwood, MD	79 Terrace Avenue	Riverside	RI	02915

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Street Address	City	State	Zip
Paul Lieberman, MD	235 Promenade Street, SUite 500	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Achina STein, MD	235 Promenade STreet, SUite 500	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Andrea Mernan, MD	235 Promenade Street, Suite 500	Providence	RI	02908

Director Name	Street Address	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address	City	Zip
Megan E. Turcotte	235 Promenade Street, Suite 500	Providence	02908

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Anthony Jay Thornton MD 5/23/08
Signature of Officer *Date*

Anthony Jay Thornton, MD
Print or Type Name of Officer

President
Title of Officer

FILED
File Date JUN 04 2008
Check No.
By: By
FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 12/06

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