



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. 31495		2. Name of Corporation The Rhode Island Medical Society Foundation			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 235 Promenade Street, Suite 500		City Providence	Zip 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 Charitable concern for the community and the cause of medicine.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Barry Wall, MD			Vice President Name		
Street Address 184 Waterman Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Mark S. Ridlen, MD			Treasurer Name Mark S. Ridlen, MD		
Street Address 20 Catamore Blvd.			Street Address 20 Catamore Blvd.		
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Fredric V. Christian, MD			Director Name Kathleen Fitzgerald, MD		
Street Address 2 Dudley Street, #360			Street Address 120 Dudley Street, Suite 305		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name K. Nicholas Tsiongas, MD, MPH			Director Name		
Street Address 24 Corliss Street, Rm 370D			Street Address		
City Providence	State RI	Zip 02904	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		
Address			City	Zip	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	JUN 25 2008
By:	BY [Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer [Signature] Date 6/19/08
 Print or Type Name of Officer Barry Wall, MD
 Title of Officer President