

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 2009

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.

| penatty jee of \$25.00. | | | | | · | | |
|--|-----------------------------|--|-------------------------------------|---------------------------|-------------------------|--|--|
| 1. Corporate ID No. | 2. Name of Con | <i>boration</i> | | | | | |
| 107294 | Rhode Islan | Rhode Island Chapter of the American College of Cardiology | | | | | |
| 3. State of Incorporation | | dress in Rhode Island - Street | | City | Zip | | |
| RI | 2 Dudley 8 | Street, Suite 360 | | Providence | 02905 | | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | | |
| 6. Brief Description of the ch | aracter of the affairs whic | ch are actually conducted in h | Rhode Island | | | | |
| 7. NAMES AND ADDR | ESSES OF THE OF | FICERS: ("X" BOX FOR A | TTACHMENT) [] FILL IN SPACE | ES BEFORE USING ATTA | CHMENTS | | |
| President Name | | | Vice President Name | | | | |
| Steven R. Fera, MD | | | Michael F. Gilson, MD | | | | |
| Street Address | | | Street Address | | | | |
| 70 Kenyon Avenue | | | 450 Veterans Memorial Parkway | | | | |
| City | State | Zip | City | State | Zip | | |
| Wakefield | RI | 02879 | East Providence | RI | 02915 | | |
| Secretary Name Robert Carnevale, MD | | | Treasurer Name Robert Carnevale, MD | | | | |
| Street Address 1075 Smith Street | | | Street Address 1075 Smith Street | | | | |
| City | State | Zip | City | State | Zip | | |
| Providence | RI | 02908 | Providence | RI | 02908 | | |
| 8. NAMES AND ADDR | ESSES OF THE DIR | ECTORS: ("X" BOX FOR | ATTACHMENT) FILL IN SPAC | ES BEFORE USING ATTA | ACHMENTS | | |
| THE NUMBER OF DIE | RECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION <u>SHALL N</u> | OT BE LESS THAN THR | EE (3). R.I.G.L. 7-6-23 | | |
| Director Name | | | Director Name | | | | |
| Steven R. Fera, MD | | | Robert Carnevale, MD | | | | |
| Street Address | | | Street Address | | | | |
| 70 Kenyon Avenue | | | 1075 Smith Street | | | | |
| City | State | Zip | City | State | Zip | | |
| Wakefield | RI | 02870 | Providence | RI | 02908 | | |
| Director Name | | | Director Name | 1.11 | 102300 | | |
| Athena Poppas, MD | | | Michael F. Gilson, MD | | | | |
| Street Address | | | Street Address | | <u></u> | | |
| 2 Dudley Street, Suite 360 | | | 450 Veterans Memorial Parkway | | | | |
| City | State | Zip | City | State | Zip | | |
| Providence | RI | 02905 | East Providence | RI | 02915 | | |
| 9. REGISTERED AGEN | | ND . | | 1 | 102010 | | |
| This information is curre | ently of record in the | e Office of the Secretary of | of State. Changes require filing of | Form 641 - R.I.G.L. 7-6-1 | 3/7-6-78 | | |
| This report | must be signed by | either the President, Vic | e President, Secretary, Assistant | Secretary, Treasurer, Rec | ceiver or Trustee | | |

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|-----------|-----------------|----------------|-------|
| File Date | FILED | | |
| Check No. | JN 2 6 2009 | | ····· |
| By: | 5/11 | 1 A | |
| Dy_ | OR SECRETARY OF | STATE USE ONLY | |

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| Under penalty of perjury, I report, including any accomstatements contained herein | panying schedules ar | nd statements, and that all |
|--|----------------------|-----------------------------|
| Some K | 1/2/ | 6.23.09 |
| Signature of Officer | () | Date |
| Steven R. Fera, | MD | |
| Print or Type Name of Officer | | |
| President | | |
| Title of Officer | | |

Form 631 Rev. 09/17