



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 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.

1. Corporate ID No. 40719		2. Name of Corporation Society for Pediatric Pathology			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address c/o J. P. Redding, 220 Washington Road		City Barrington	Zip 02806
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Charitable Purposes.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeff Goldstein, MD			Vice President Name Cynthia Kaplan, MD		
Street Address c/o Wolfson Children's Hospital, 800 Prudential Drive			Street Address c/o University Hospital, SUNY, Dept. of Pathology, Level II		
City Jacksonville	State Florida	Zip 32207	City Stony Brook	State New York	Zip 11794
Secretary Name Sara Vargas, MD			Treasurer Name Sara Vargas, MD		
Street Address c/o Children's Hospital, 300 Longwood Avenue			Street Address Same.		
City Boston	State Massachusetts	Zip 02115	City	State	Zip
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 Jeff Goldstein, MD			Director Name Cynthia Kaplan, MD		
Street Address c/o Wolfson Children's Hospital, 800 Prudential Drive			Street Address c/o University Hospital, SUNY, Dept. of Pathology, Level II		
City Jacksonville	State Florida	Zip 32207	City Stony Brook	State New York	Zip 11794
Director Name Sara Vargas, MD			Director Name Linda Ernst, MD		
Street Address c/o Children's Hospital, 300 Longwood Avenue			Street Address c/o Northwestern University, 710 N. Fairbanks Court		
City Boston	State Massachusetts	Zip 02115	City Chicago	State Illinois	Zip 60611
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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.

Signature of Officer Kerry Crockett Date 6/18/09

Print or Type Name of Officer Jeff Goldstein MD

Authorized Signator [Signature]
Title of Officer President

File Date	FILED
Check No.	JUL 07 2009
By:	<u>[Signature]</u>
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