



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000161378

2. Name of Corporation ASSOCIATION OF FAMILY PSYCHIATRISTS

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 55 ORIOLE ST

City or Town: PROVIDENCE

State: RI

Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

COLLECT DUES, PAY FOR MEETINGS ANNUALLY, SET UP AND MAINTAIN WEBSITE, INFORMATIONAL PUBLICATIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ELLEN BERMAN	321 MALLWYD AVENUE MERION, PA 19066 USA
TREASURER	ALISON HERU	1325 OLIVE ST DENVER, CO 80220 USA
DIRECTOR	GREGORY MILLER	98 OLD GOSHEN RD. WILLIAMSBURG, MA 01096 USA
DIRECTOR	GABOR KEITNER	55 ORIOLE PROVIDENCE, RI 02906 USA
DIRECTOR	LEE COMBRINCK-GRAHAM	1515 SUMMER ST STAMFORD, CT 06905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GABOR KEITNER 55 ORIOLE AVENUE PROVIDENCE , RI 02906

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

Signed this 25 Day of May, 2011 at 8:48:35 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALISON HERU

Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or

Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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