



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.** 000030009

**2. Name of Corporation** The Rhode Island Psychiatric Society: A District Branch of the American Psychiatric Association

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 235 PROMENADE STREET SUITE 500

City or Town: PROVIDENCE

State: RI Zip: 02908 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**

NONPROFIT ORGANIZATION FOR PSYCHIARISTS PROMOTING EDUCATION

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MELISSA LUDWIG MD	30 OSCEOLA AVENUE WARWICK, RI 02888 US
SECRETARY	ARNOLDO BERGES MD	593 EDDY STREET PROVIDENCE, RI 02903 US
DIRECTOR	JAMES SULLIVAN MD	34 DRYDEN AVENUE PAWTUCKET, RI 02860 US
DIRECTOR	RICHARD WAGNER, MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
DIRECTOR	SCOTT HALTZMAN, MD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 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**

MEGAN ELIZABETH TURCOTTE 235 PROMENADE STREET, SUITE 500 PROVIDENCE , RI 02908-

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

**Signed this 3 Day of June, 2011 at 1:00:53 PM.** *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 MELISSA LUDWIG, MD  
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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