



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 2011

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. 512095		2. Name of Corporation Rhode Island Pain Society, Inc.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 25 Wells Street		City Westerly	Zip 02891
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 Collaborative resource for advocacy, education and research in the evaluation and management of acute and chronic pain.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Matthew Smith, M.D.			Vice President Name Casey O'Donnell, D.O.		
Street Address 1351 S. County Trail, Suite 220			Street Address 935 Jefferson Blvd, Suite 1002		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
Secretary Name Todd Handel, M.D.			Treasurer Name Adrian Hamburger, M.D.		
Street Address 1145 Main Street			Street Address 25 Wells Street		
City Pawtucket	State RI	Zip 02860	City Westerly	State RI	Zip 02891
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 Matthew Smith, M.D.			Director Name Casey O'Donnell, D.O.		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Todd Handel, M.D.			Director Name Adrian Hamburger, M.D.		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
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

512095

FILED	
File Date	JUN 08 2011
Check No.	1008
By:	BY _____
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
Adrian Hamburger, M.D.
Print or Type Name of Officer

06/07/11
Date

Treasurer
Title of Officer