



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. <b>28431</b>		2. Name of Corporation <b>RIH ORTHOPAEDIC FOUNDATION, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>2 DUDLEY STREET, SUITE 200</b>		City <b>PROVIDENCE</b>	Zip <b>02905</b>
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 <b>ORTHOPEDIC PRACTICE, RESEARCH AND TEACHING</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>MICHAEL G. EHRlich, M.D.</b>			Vice President Name <b>NONE</b>		
Street Address <b>2 DUDLEY STREET, SUITE 200</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name <b>BRADEN C. FLEMING, PH.D.</b>			Treasurer Name <b>JOSEPH J. CRISCO, PH.D.</b>		
Street Address <b>2 DUDLEY STREET, SUITE 200</b>			Street Address <b>2 DUDLEY STREET, SUITE 200</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
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 <b>QIAN CHEN, PH.D.</b>			Director Name <b>JOSEPH J. CRISCO, PH.D.</b>		
Street Address <b>2 DUDLEY STREET, SUITE 200</b>			Street Address <b>2 DUDLEY STREET, SUITE 200</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>MICHAEL G. EHRlich, M.D.</b>			Director Name <b>BRADEN C. FLEMING, PH.D.</b>		
Street Address <b>2 DUDLEY STREET, SUITE 200</b>			Street Address <b>2 DUDLEY STREET, SUITE 200</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
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

**28431 FILED**

File Date JUL 08 2011  
 Check No. 27 4914  
 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.

*Michael G. Ehrlich* 6-22-2011  
 Signature of Officer Date

**MICHAEL G. EHRlich, M.D.**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer