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. 000035276

2. Name of Corporation Rhode Island Academy of Physician Assistants

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 68 DORRANCE STREET #129
City or Town: PROVIDENCE State: RI Zip: 02903 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

TO WORK TOWARD MAKING PERSONALIZED, QUALITY HEALTHCARE AVAILABLE TO ALL RHODE ISLANDERS AND TO INCREASE PUBLIC UNDERSTANDING AND PROMOTE THE PHYSICIAN ASSISTANT CONCEPT AMONG PROVIDERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DERRICK ROBINSON, PA-C	107 EAST AVENUE, SUITE 20 PAWTUCKET, RI 02860 USA
DIRECTOR	TRACY EVANS, PA-C	90 TAYLOR STREET CRANSTON, RI 02920 USA
EXECUTIVE DIRECTOR	JAY R CHAMBERLAIN	275 MARTINE FALL RIVER , MA 02723 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

JAY CHAMBERLAIN CHAMBERLAIN MEDICAL INC 68 DORRANCE STREET #129 PROVIDENCE , RI 02903

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

Signed this 17 Day of February, 2012 at 1:35:02 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 DERRICK ROBINSON
Signature of Officer of the Corporation

X 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