



**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:** 2012

**1. Corporate ID No.** 000036143

**2. Name of Corporation** Rhode Island Society of Eye Physicians and Surgeons

**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 OPHTHALMOLOGISTS 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | ROBERT H. JANIGIAN MD                                 | 120 DUDLEY STREET<br>PROVIDENCE, RI 02905 US                      |
| SECRETARY      | FRANCIS FIGUEROA MD                                   | 975 PONTIAC AVENUE<br>CRANSTON, RI 02920 US                       |
| VICE PRESIDENT | DAVID R. RIVERA MD                                    | 45 WELLS STREET<br>WESTERLY, RI 02891 US                          |
| DIRECTOR       | MICHAEL MIGLIORI MD                                   | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR       | MAGDALENA KRYZSTOLIK MD                               | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR       | PHILIP R RIZZUTO MD                                   | 120 DUDLEY STREET<br>PROVIDENCE, RI 02908 US                      |

**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 16 Day of May, 2012 at 1:33:03 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 ROBERT H. JANIGIAN, JR. 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