



**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. 000061629

2. Name of Corporation Rhode Island Society of Anesthesiologists

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 ANESTHESIOLOGISTS 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	BRETT ARRON MD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
VICE PRESIDENT	AFREEN SIDDIQUI MD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	FRED BURGESS MD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	RAFAEL E. PADILLA, MD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	RICHARD BROWNING,MD	235 PROMENADE STREET 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 16 Day of May, 2012 at 1:44:32 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 BRETT ARRON, 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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