



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 90416		2. Exact name of the Corporation AMERACAD ACADEMY OF PEDIATRICS, RI CHAPTER			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PREVENTION OF DISEASE, MEDICAL & SURGICAL TREATMENT + REHABILITATION OF I/M CHILDREN			
5. Principal office address 7 Sweet Corn Drive			City CRAVSTON	State RI	Zip 02921
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PATRICIA FLANAGAN M.D. FAAP			Vice-President Name William H. Hollins Head III, M.D. MPH FAAP		
Street Address 593 EDDY ST.			Street Address 127 MARTIN ST.		
City PROVIDENCE	State RI	Zip 02903	City REHOBOTH, MA	State MA	Zip 02769
Secretary Name JACQUES BEAUN, M.D. FAAP			Treasurer Name Arlis PLYND, M.D. FAAP		
Street Address 593 EDDY ST.			Street Address 46 Bellewood COURT.		
City PROVIDENCE	State RI	Zip 02903	City No. KING TOWN	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT BURKE, M.D. FAAP			Director Name SUSAN DUFFY, M.D. FAAP		
Street Address 593 EDDY STREET			Street Address 593 EDDY ST.		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02913
Director Name AMY GOLDBERG, M.D. FAAP			Director Name PANELA HIGH, M.D. FAAP		
Street Address 593 EDDY ST.			Street Address 593 HIGH ST		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 0290
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FRANCIS A. DONAHUE, MPR, EXECUTIVE DIRECTOR
 7 SWEET CORN DRIVE
 CRAVSTON, RI 02921

SECRETARY OF STATE
 CORPORATION DIV
 MAY 21 2012

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 21 2012

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.

Patricia Flanagan, M.D. 5/24/2012
 Signature of Officer Date

PATRICIA FLANAGAN, M.D. FAAP
 Print or Type Name of Officer

PRESIDENT
 Title of Officer

BY 170961