



**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

**Foreign Non-Profit
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. 000568559

2. Name of Corporation The Foundation For Anesthesia Education and Research

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: 520 N. NORTHWEST HIGHWAY

City or Town: PARK RIDGE

State: RI Zip: 60068 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 520 N. NORTHWEST HWY

City or Town: PARK RIDGE State: IL Zip: 60068 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

NONPROFIT RELATING TO ANESTHESIA CARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DENHAM S. WARD, MD, PHD	520 N. NORTHWEST HWY PARK RIDGE, IL 60068 USA
TREASURER	FRANCIS P. HUGHES, PHD	520 N. NORTHWEST HWY PARK RIDGE, IL 60068 USA
SECRETARY	KAREN S. WILLIAMS, MD	520 N. NORTHWEST HWY PARK RIDGE, IL 60068 USA
OTHER OFFICER	ARNOLD J. BERRY, MD, MPH	520 N. NORTHWEST HWY PARK RIDGE, IL 60068 USA
DIRECTOR	DANIAL COLE	520 N. NORTHWEST HWY PARK RIDGE, IL 60068 USA
DIRECTOR	RICHARD P DUTTON	520 N. NORTHWEST HWY PARK RIDGE, IL 60068 USA
DIRECTOR	JAMES D GRANT	520 N. NORTHWEST HWY PARK RIDGE, IL 60068 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

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

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

Signed this 29 Day of May, 2012 at 3:08:17 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 § 7-1.2.*

By DENHAM S. WARD, MD, PHD
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