



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

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. 93976		2. Exact name of the Corporation Dermatology Foundation of Rhode Island			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 593 Eddy Street, APC-10		City Providence	Zip 02903
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Educational, Charitable and Scientific purposes.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles J. McDonald, MD			Vice-President Name Charles J. McDonald, M.D.		
Street Address 433 Poppasquash Road			Street Address 433 Poppasquash Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Raymond G. Dufresne, Jr., M.D.			Treasurer Name Charles J. McDonald, M.D.		
Street Address 168 Rumstick Road			Street Address 433 Poppasquash Road		
City Barrington	State RI	Zip 02806	City Bristol	State RI	Zip 02809
8. 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 Charles J. McDonald, M.D.			Director Name Raymond G. Dufresne, Jr., M.D.		
Street Address 433 Poppasquash Road			Street Address 168 Rumstick Road		
City Bristol	State RI	Zip 02809	City Barrington	State RI	Zip 02806
Director Name Martin A. Weinstock, M.D., Ph.D.			Director Name		
Street Address 22 Hilltop Ave.			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
9. 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

File Date _____

Check No _____

By: _____

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FILED

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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.

Charles J. McDonald 05/14/12
 Signature of Officer Date

Charles J. McDonald, MD

Print or Type Name of Officer

President

Title of Officer