RI SOS Filing Number: 201294175030 Date: 06/20/2012 4:00 PM

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. 000029592

2. Name of Corporation Rhode Island Chapter of the American College of Physicians

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 285 GOVERNOR STREET
City or Town: PROVIDENCE State: RI Zip: 02906 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

TO EXPLORE ADVANCES IN INTERNAL MEDICINE AND ITS SUBSPECIALTIES, EXAMINE CURRENT MEDICAL RESEARCH, AND IDENTIFY AND EVALUATE ETHICAL ISSUES IN THE FIELD OF MEDICINE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	THOMAS A. BLEDSOE, MD	285 GOVERNOR STREET PROVIDENCE, RI 02906 USA
TREASURER	PAUL F. MCKENNEY MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
SECRETARY	DONNA GOODNOW	97 AMSTERDAM AVE. WARWICK, RI 02889 USA
DIRECTOR	FRED J. SCHIFFMAN MD	MIRIAM HOSPITAL-164 SUMMIT AVENUE RM. 342 PROVIDENCE, RI 02906 USA
DIRECTOR	DOMINICK TAMMARO MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	PAMELA HARROP MD	1180 HOPE STREET BRISTOL, RI 02809 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

NITIN S. DAMIE, MD 481 KINGSTOWN ROAD WAKEFIELD , RI 02879-

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

Signed this 20 Day of June, 2012 at 4:02:46 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 DONNA GOODNOW
Signature of Officer of the Corporation

__ President or __ Vice President or X 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