RI SOS Filing Number: 201294420040 Date: 06/30/2012 2:13 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.** 000053785

**2. Name of Corporation** RHODE ISLAND CHAPTER, AMERICAN ACADEMY OF FAMILY PHYSICIANS, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 29
City or Town: NORTH SCITUATE State: RI Zip: 02857 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 PROMOTE EXCELLENCE IN HEALTH CARE AND HEALTH OF AMERICAN PEOPLE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | ROANNE GASKIN-OSBORNE | 170 DRAPER AVENUE<br>NORTH ATTLEBORO, MA 02760 USA |
| TREASURER | SARAH JANE FESSLER | 44 RIVERSIDE DRIVE<br>RIVERSIDE, RI 02915 USA |
| SECRETARY | SARAH JANE FESSLER | 44 RIVERSIDE<br>RIVERSIDE, RI 02915 USA |
| VICE PRESIDENT | THOMAS GUTTMACHER | 100 BULLOCKS POINT AVE<br>RIVERSIDE, RI 02915 USA |
| DIRECTOR | ALFRED ARCAND | 1070 MAIN STREET<br>WARWICK, RI 02893 USA |
| DIRECTOR | PERVEZ KHATIB | 375 ALLENS AVENUE<br>PROVIDENCE, RI 02904 USA |
| DIRECTOR | DONYA POWERS | 174 ARMISTICE BLVD<br>PAWTUCKET, RI 02860 USA |
| DIRECTOR | JEFFREY BORKAN | 111 BREWSTER STREET<br>PAWTUCKET, RI 02860 USA |
| DIRECTOR | DAVID ANTHONY | 111 BREWSTER STREET<br>PAWTUCKET, RI 02860 USA |
| DIRECTOR | JOANNA BROWN | 111 BREWSTER STREET<br>PAWTUCKET, RI 02860 USA |
| DIRECTOR | MELISSA NOTHNAGLE | 111 BREWSTER STREET<br>PAWTUCKET, RI 02860 USA |
| DIRECTOR | MARGARET SUN | 1990 PAWTUCKET AVENUE<br>EAST PROVIDENCE, RI 02914 USA |
| DIRECTOR | DAVID ASHLEY | 111 BREWSTER STREET<br>PAWTUCKET, RI 02860 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**

MARGARET SUN, MD 1445 WAMPANOAG TRAIL, #205 EAST PROVIDENCE , RI 02915-

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

**Signed this 30 Day of June, 2012 at 2:19:18 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 SARAH JANE FESSLER
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

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