



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:** 2013

**1. Corporate ID No.** 000304564

**2. Name of Corporation** Surgical Critical Care Program Directors Society, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 593 EDDY STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

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 PROVIDE A FORUM FOR ITS MEMBERS TO FURTHER THE PROFESSION OF INSTRUCTING AND TRAINING OTHERS IN SURGICAL CRITICAL CARE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	FRED A. LUCHETTE MD, MSC	DEPT. OF SURGERY, 2160 SOUTH FIRST AVE. MAYWOOD, IL 60153 USA
TREASURER	DAVID A. SPAIN MD	300 PASTEUR DRIVE STANFORD, CA 94305 USA

SECRETARY	SAM TISHERMAN MD	3550 TERRACE ST. PITTSBURGH, PA 15261 USA
DIRECTOR	WILLIAM G. CIOFFI MD, PHD	593 EDDY ST PROVIDENCE , RI 02903 USA
DIRECTOR	KIMBERLY A. DAVIS MD	330 CEDAR ST NEW HAVEN, CT 06520 USA
DIRECTOR	HASAN ALAM MD	1500 E. MEDICAL CENTER DRIVE, TC 2920 ANN ARBOR, MI 48109 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**

MICHAEL R. GOLDENBERG, ESQ. 83 DALEHILL DRIVE PO BOX 1706 EAST GREENWICH , RI  
02818

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

**Signed this 8 Day of May, 2013 at 10:42:59 AM.** *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 FRED A. LUCHETTE  
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

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