



**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: 2014

1. Corporate ID No. 000133177

2. Name of Corporation ADOPT A DOCTOR

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 101 DYER 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

RHODE ISLAND-BASED PROGRAM THAT SEEKS TO REVERSE THE "BRAIN DRAIN" THAT IS DRAWING PHYSICIANS AWAY FROM THE POOREST COUNTRIES IN THE WORLD. OFFERING FINANCIAL SUPPORT TO PHYSICIANS WORKING IN THESE COUNTRIES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	RAY RICKMAN	11 BARNES STREET PROVIDENCE, RI 02906 USA

DIRECTOR	ANDREW GALLI	424 S.ATTERSON PARK AVE. BALTIMORE, MD 21231 USA
DIRECTOR	ANTHONY HEYWOOD	40 SYCAMORE STREET PROVIDENCE, RI 02909 USA
DIRECTOR	DEBORAH WYATT	1 REGENCY PLAZA PROVIDENCE, RI 02903 USA
DIRECTOR	ROBB DIMMICK	11 BARNES STREET PROVIDENCE, RI 02906 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**

RAY RICKMAN 11 BARNES STREET PROVIDENCE , RI 02906

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

Signed this 30 Day of April, 2014 at 4:17:40 PM by the authorized person. *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 company, 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 RAY RICKMAN
Signature of Authorized Person

Form No. 631
Revised 09/07