



**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. 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

APC 431

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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. 300 FRONT STREET, #416 PAWTUCKET , RI 02860

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

Signed this 13 Day of May, 2014 at 1:19:43 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 WILLIAM G. CIOFFI, MD
Signature of Authorized Person

Form No. 631
Revised 09/07

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