



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

Attached check  
# 1012

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>31050</u>		2. Exact name of the Corporation <u>Rhode Island Society of Pathologists</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Scientific advancement, social intercourse and promotion of welfare of Pathology</u>	
5. Principal office address <u>101 Dudley St., Dept. of Pathology</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Dariusz Stachurski, MD</u>		Vice-President Name	
Street Address <u>101 Dudley St.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
Secretary Name <u>Ali Amin, MD</u>		Treasurer Name <u>Ali Amin, MD</u>	
Street Address <u>101 Dudley St.</u>		Street Address <u>101 Dudley St.</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Dariusz Stachurski, MD</u>		Director Name <u>Ali Amin, MD</u>	
Street Address <u>101 Dudley St.</u>		Street Address <u>101 Dudley St.</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
Director Name <u>Fusun Gondogva, MD</u>		Director Name	
Street Address <u>101 Dudley St.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

Signature of Officer or Authorized Representative

5/9/14  
Date

MAY 13 2014

Ali Amin, MD  
Print or Type Name of Officer or Authorized Representative

BY 1012