



**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

## 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. <b>29592</b>		2. Exact name of the Corporation <b>Rhode Island Chapter of the American College of Physicians</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To explore advances in internal medicine and its subspecialties, examine current medical research, and identify and evaluate ethical issues in the field of medicine</b>			
5. Principal office address <b>285 Governor Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Thomas A. Bledsoe, MD</b>		Vice-President Name <b>None</b>			
Street Address <b>285 Governor Street</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name <b>Donna Goodnow</b>		Treasurer Name <b>Paul F. McKenney, MD</b>			
Street Address <b>97 Amsterdam Ave.</b>		Street Address <b>455 Toll Gate Road</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Fred J. Schiffman, MD</b>		Director Name <b>Pamela Harrop, MD</b>			
Street Address <b>Miriam Hospital, 164 Summit Avenue, Rm. 342</b>		Street Address <b>1180 Hope Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Dominick Tammaro, MD</b>		Director Name <b>None</b>			
Street Address <b>593 Eddy Street</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
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

**FILED**

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

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

By: \_\_\_\_\_ **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.

MAY 20 2014

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*Donna Goodnow*  
Signature of Officer or Authorized Representative

5/16/14  
Date

**Donna Goodnow** Secretary  
Print or Type Name of Officer or Authorized Representative