

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. <u>000035276</u>

2. Name of Corporation Rhode Island Academy of Physician Assistants

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 235 PROMENADE ST. SUITE 500

City or Town: PROVIDENCE State: RI Zip: <u>02908</u> 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 WORK TOWARD MAKING PERSONALIZED, QUALITY HEALTHCARE AVAILABLE TO ALL RHODE ISLANDERS AND TO INCREASE PUBLIC UNDERSTANDING AND PROMOTE THE PHYSICIAN ASSISTANT CONCEPT AMONG PROVIDERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JSMES E CARNEY PA-C	235 PROMEMADE ST. SUITE 500 PROV, RI 02908 USA
SECRETARY/TREASURER	JOCELYN COSTA PA-C	235 PROMENDE ST SUITE 500

		PROV, RI 02908 USA
DIRECTOR	RAYMOND CORD PA-C	235 PROMENADE ST SUITE 500 PROV, RI 02908 USA
DIRECTOR	SUSANNE THAYER-KRAMERS PA- C	235 PROMENADE ST SUITE 500 PROV, RI 02908 US
DIRECTOR	REBECCA GINSBURG PA-C	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	VICTORIA MILLER PA-C	235 PROMENADE ST SUITE 500 PROVIDENCE, RI 02908 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

MEGAN TURCOTTE RHODE ISLAND ACADEMY OF PHYSICIAN ASSISTANTS 235 PROMENADE ST SUITE 500 PROVIDENCE, RI 02908

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

Signed this 30 Day of May, 2014 at 1:45:48 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 JAMES CARNEY

Signature of Authorized Person

Form No. 631 Revised 09/07

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