

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

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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

1. Entity ID No.	2. Exact na	2. Exact name of the Corporation					
34645	National	Perinatal Inform	ation Center, Inc.				
3. State of Incorporation		Brief description of the character of business conducted in Rhode Island Research and education					
5. Principal office address 225 Chapman Stree			City Providence	State RI	Zip 02905		
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADD	RESSES) ("X" BOX FO	DRATTACHMENT)				
President Name Janet H. Muri			Vice-President Name Donna Caldwell				
Street Address 225 Chapman Street, Suite 200			Street Address 225 Chapman Street, Suite 200				
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905		
Secretary Name Karla Damus, RN, MSPH, PhD, FAAN			Treasurer Name Winnie Willis, RN, ScD				
Street Address Robinson Hall 210A, 360 Huntington Avenue			Street Address 7855 Lake Tahoe Avenue				
City Boston	State MA	Zip 02115	City San Diego	State CA	Zip 92120		
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTAC		PRESSES), RHODE IS	SLAND CORPORATIONS <u>MUST</u> L	IST NO LESS THAN	THREE (3) DIRECTOR		
Director Name Martin McCaffrey, MD			Director Name Marilyn B. Escobedo, MD				
Street Address 101 Manning Drive,	CB# 7596		Street Address 1200 Everett Drive, 70	h Floor North F	avillion		
City Chapel Hill	State NC	Zip 27599	City Oklahoma City	State OK	Zip 73104		
Director Name Raymond L. Cox, MD, MBA		Director Name Mary Henrikson, RN, BSN, MS, WHCNP					
Street Address 15 Northridge Drive			Street Address 340 Peak One Drive				
City Hilton Head	State SC	Zip 29926	City Frisco	State CO	Zip 80443		
8. REGISTERED AGENT				de la			
This information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes require filin	g Form 641.			

File DateBY Check No By: FOR SECRETARY OF STATE USE ONLY	JUN 0 3 2014	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. Signature of Officer Date Janet Muri		
		Print or Type Name of Officer		
form No. 631		President		
Pavised: 05/2012		Title of Officer		

Nonprofit Corporate Annual Report for the Year 2014

ID: 34645

8. Names and Addresses of Directors (Cont.)

Rachel F. Schiffman, PhD, RN, FAAN PO Box 413 Milwaukee, WI 53201

Ann Gaffey, RN, MSN, CPHRM, DFASHRM 1724 N. Huntington Street Arlington, VA 22205

Larry Veltman, MD, FACOG 7535 SW Fairmoor Street Portland, OR 97225

DeWayne Pursley, MD, MPH 330 Brookline Avenue, Rose 3 Boston, MA 02215

Emory Fry, MD 11722 Sorrento Valley Road, Suite G-2 San Diego, CA 92121

Dennis English, MD 300 Halket Street Pittsburgh, PA 15213