



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. 93976		2. Exact name of the Corporation Dermatology Foundation of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Educational, Charitable and Scientific purposes			
5. Principal office address 593 Eddy Street, APC-10		City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Abrar A. Qureshi, M.D., M.P.H.			Vice-President Name Jennie Muglia, MD		
Street Address 24 Hallett Hill Road			Street Address 3 Field Lane		
City Weston	State MA	Zip 02493	City Barrington	State RI	Zip 02806
Secretary Name David Farrell, MD			Treasurer Name Lionel Bercovitch, MD		
Street Address 27 Jennys Lane			Street Address 25 Penrose Ave		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
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 Abrar A. Qureshi, M.D., M.P.H.			Director Name Jennie Muglia, MD		
Street Address 24 Hallett Hill Road			Street Address 3 Field Lane		
City Weston	State MA	Zip 02493	City Barrington	State RI	Zip 02806
Director Name David Farrell, MD			Director Name Lionel Bercovitch, MD		
Street Address 27 Jennys Lane			Street Address 25 Penrose Ave		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
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: _____

JUL 08 2014

BY **3728**

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 or Authorized Representative

06/13/2014

Date

FOR SECRETARY OF STATE USE ONLY

Abrar A. Qureshi, MD, MPH

Print or Type Name of Officer or Authorized Representative