



**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** 2015

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. 32103		2. Exact name of the Corporation Providence Medical Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Concern for public health and quality medical care.			
5. Principal office address 235 Promenade Street, Suite 500		City Providence		State RI	Zip 02908
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name Patrick Sweeney, MD			Vice-President Name		
Street Address 235 Promenade Street, Suite 500			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Newell E. Warde, PhD			Treasurer Name Newell E. Warde, PhD		
Street Address 235 Promenade Street, Suite 500			Street Address 235 Promenade Street, Suite 500		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
<b>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"/></b>					
Director Name Patrick Sweeney, MD			Director Name James P. Crowley, MD		
Street Address 235 Promenade Street, Suite 500			Street Address 235 Promenade Street, Suite 500		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Newell E. Warde, PhD			Director Name		
Street Address 235 Promenade Street, Suite 500			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

**FILED**  
 JUN 25 2015

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.

*Patrick J. Sweeney M.D. 6/18/15*  
 Signature of Officer or Authorized Representative Date

BY 585 Patrick J. Sweeney, MD  
 Print or Type Name of Officer or Authorized Representative