



**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: 2015

1. Corporate ID No. 000790728

2. Name of Corporation Rhode Island Dermatology Society

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 333 SCHOOL STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 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

A FORUM FOR THE INTERCHANGE OF INFORMATION AND IDEAS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LIONEL BERCOVITCH MD	25 PENROSE AVENUE PROVIDENCE, RI 02906 US
TREASURER	DAVID S POMERANTZ	333 SCHOOL ST, STE 216 PAWTUCKET, RI 02860 US
SECRETARY	ANITA PEDVIS	1351 SOUTH COUNTY TR., STE 302

		EAST GREENWICH, RI 02818 US
CLERK	SHAWNA MELVIN	PO BOX 683 WOONSOCKET, RI 02895 US
DIRECTOR	ROBERT K DYER MD	1 MASSASOIT CT NARRAGANSETT, RI 02882 US
DIRECTOR	GRACE BANDOW MD	1180 HOPE ST BRISTOL, RI 02809 US
DIRECTOR	H WILLIAM HIGGINS MD	593 EDDY STREET APC-10 PROVIDENCE, RI 02903 US

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

DAVID POMERANTZ, M.D. 333 SCHOOL STREET, SUITE 216 PAWTUCKET , RI 02860

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 June, 2015 at 10:14:56 AM 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 SHAWNA MELVIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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