



**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. 000304564

2. Name of Corporation Surgical Critical Care Program Directors Society, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 593 EDDY STREET, APC 431

City or Town: PROVIDENCE

State: RI Zip: 02903 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 PROVIDE A FORUM FOR ITS MEMBERS TO FURTHER THE PROFESSION OF
INSTRUCTING AND TRAINING OTHERS IN SURGICAL CRITICAL CARE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DAVID A. SPAIN MD	300 PASTEUR DRIVE STANFORD, CA 94305 USA
TREASURER	WILLIAM C. CHIU MD	22 SOUTH GREENE STREET BALTIMORE, MD 21201 USA

SECRETARY	KIMBERLY A. DAVIS MD, MBA	330 CEDAR STREET NEW HAVEN, CT 06520 USA
IMMEDIATE PAST PRESIDENT	FRED A. LUCHETTE MD, MSC	5000 SOUTH FIFTH AVENUE HINES, IL 60141 USA
PRESIDENT-ELECT	SAMUEL A. TISHERMAN MD	22 SOUTH GREENE STREET BALTIMORE, MD 21201 USA
DIRECTOR	HASAN B. ALAM MD	1500 EAST MEDICAL CENTER DRIVE ANN ARBOR, MI 48109 USA
DIRECTOR	H. MATHILDA HORST MD	2799 WEST GRAND BOULEVARD DETROIT, MI 48202 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**

WILLIAM G. CIOFFI, M.D. 593 EDDY STREET PROVIDENCE , RI 02903

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

Signed this 10 Day of August, 2015 at 11:41:36 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 WILLIAM C. CHIU
Signature of Authorized Person

Form No. 631
Revised 09/07

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