



**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 2016**

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. <b>40311</b>		2. Exact name of the Corporation <b>Perinatal &amp; Gynecological Services, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>to facilitate the provision of high quality medical care</b>			
5. Principal office address <b>101 Dudley Street</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>Richard K. Ohnmacht, MD</b>		Vice-President Name <b>Jane Sharp, MD</b>			
Street Address <b>944 Reservoir Avenue</b>		Street Address <b>297 Promenade Street1</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Tolga Kokturk, MD</b>		Treasurer Name <b>Jane Dennison, MD</b>			
Street Address <b>333 School Street</b>		Street Address <b>234 Maple Avenue</b>			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02886</b>
<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 <b>Marc Jaffe, MD</b>		Director Name <b>Kimberley Townsend, MD</b>			
Street Address <b>38 Amaral Street</b>		Street Address <b>450 Veteran's Memorial Parkway</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>Peter Yasigian, MD</b>		Director Name <b>James Padbury, MD</b>			
Street Address <b>2 Meehan Lane</b>		Street Address <b>101 Dudley Street</b>			
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.</b>					

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

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

Date

**Richard K. Ohnmacht, MD**

Print or Type Name of Officer or Authorized Representative

**FILED**  
 APR 01 2016  
 241488  
 A.A. 10:05 A.M.

*Richard K. Ohnmacht* 3-30-16

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