



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. 40311		2. Exact name of the Corporation Perinatal & Gynecological Services, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to facilitate the provision of high quality medical care			
5. Principal office address 101 Dudley Street		City PROVIDENCE	State RI	Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard K. Ohnmacht, MD		Vice-President Name Jane Sharp, MD			
Street Address 944 Reservoir Avenue		Street Address 297 Promenade Street1			
City Cranston	State RI	Zip 02910	City Providence	State RI	Zip 02908
Secretary Name Tolga Kokturk, MD		Treasurer Name Jane Dennison, MD			
Street Address 333 School Street		Street Address 234 Maple Avenue			
City Pawtucket	State RI	Zip 02860	City Barrington	State RI	Zip 02806
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Marc Jaffe, MD		Director Name Kimberley Townsend, MD			
Street Address 38 Amaral Street		Street Address 450 Veteran's Memorial Parkway			
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Peter Yasigian, MD		Director Name James Padbury, MD			
Street Address 2 Meehan Lane		Street Address 101 Dudley Street			
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02904
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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