



**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: 2016

1. Corporate ID No. 000028722

2. Name of Corporation RI Chapter, American College of Surgeons/Providence Surgical Society

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 405 PROMENADE STREET, SUITE A

City or Town: PROVIDENCE

State: RI Zip: 02908 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

NONPROFIT ORGANIZATION FOR PHUSICIANS PROMOTING EDUCATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ADAM KLIPFEL MD	208 COLLYER STREET, SUITE 301A PROVIDENCE, RI 02904 USA
TREASURER	CHARLES ADAMS MD	135 FOX RUN EAST GREENWICH, RI 02818 USA
SECRETARY	MICHAEL D. CONNOLLY MD	2 DUDLEY STREET

		PROVIDENCE, RI 02905 USA
DIRECTOR	STEPHEN MIGLIORI MD	2 DUDLEY STREET, SUITE 470 PROVIDENCE, RI 02905 USA
DIRECTOR	JENNIFER GASS MD	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	GEORGE COOPER, JR MD	840 GREENWICH AVENUE WARWICK, RI 02886 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

MEGAN ELIZABETH TURCOTTE 235 PROMENADE STREET, SUITE 500 PROVIDENCE , RI 02908

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

Signed this 14 Day of June, 2016 at 2:24:47 PM 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 ADAM KLIPFEL, MD
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved