



**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. 000035276

2. Name of Corporation Rhode Island Academy of Physician Assistants

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 405 PROMENADE ST. 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

TO WORK TOWARD MAKING PERSONALIZED, QUALITY HEALTHCARE AVAILABLE TO ALL RHODE ISLANDERS AND TO INCREASE PUBLIC UNDERSTANDING AND PROMOTE THE PHYSICIAN ASSISTANT CONCEPT AMONG PROVIDERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	EMMA BANKS PA-C	59 EVERGREEN DRIVE PORTSMOUTH, RI 02871 USA
SECRETARY	VICTORIA MILLER PA-C	6 FAIRFIELD RD

		CRANSTON, RI 02910 USA
DIRECTOR	SUSANNE THAYER-KRAMERS PA-C	235 PROMENADE ST SUITE 500 PROV, RI 02908 US
DIRECTOR	RAYMOND CORD PA-C	235 PROMENADE ST SUITE 500 PROV, RI 02908 USA
DIRECTOR	REBECCA GINSBURG PA-C	235 PROMENADE ST PROVIDENCE, RI 02908 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 TURCOTTE RHODE ISLAND ACADEMY OF PHYSICIAN ASSISTANTS 235 PROMENADE ST 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 24 Day of June, 2016 at 10:49:18 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 EMMA BANKS, PA-C
Signature of Authorized Person

Form No. 631
Revised 09/07

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