



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. 000139412

2. Name of Corporation The Foundation for Integrity and Responsibility in Medicine

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 16 CUTLER STREET, SUITE 104

City or Town: WARREN

State: RI Zip: 02885 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

DISSEMINATE INFORMATION IN CONNECTION WITH HEALTHCARE ORGANIZATION, OPERATION AND GOVERNANCE IN ORDER TO MAINTAIN AND PROMOTE MEDICINE'S CORE VALUES AND ETHICS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ROY M POSES MD	5 RIDGELAND ROAD BARRINGTON, RI 02806 USA
SECRETARY	RUSSELL MAULITZ MD	2414 SPRUCE ST

		PHILADELPHIA, PA 19104 USA
VICE PRESIDENT	WALLY R SMITH MD	4513 ARGONNE CT GLEN ALLEN, VA 23060 USA
DIRECTOR	WALLY R SMITH MD	4513 ARGONNE CT GLEN ALLEN, VA 23060 USA
DIRECTOR	RUSSELL MAULITZ MD	2414 SPRUCE ST PHILADELPHIA, PA 19104 USA
DIRECTOR	ROY M POSES MD	5 RIDGLEAND RD BARRINGTON, RI 02806 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

ROY M. POSES 5 RIDGELAND ROAD BARRINGTON , RI 02806

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

Signed this 29 Day of June, 2016 at 10:38:05 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 ROY M POSES MD
Signature of Authorized Person

Form No. 631
Revised 09/07