



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 32103		2. Exact name of the Corporation Providence Medical Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Concern for public health and quality medical care.			
5. Principal Office Address 405 Promenade Street, Suite A			City Providence	State RI	Zip 02908
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Patrick J. Sweeney, MD			Vice-President Name		
Street Address 405 Promenade Street, Suite A			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Newell E. Warde, PhD			Treasurer Name Newell E. Warde, PhD		
Street Address 405 Promenade Street, Suite A			Street Address 405 Promenade Street, Suite A		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Patrick J. Sweeney, MD			Director Name James P. Crowlev. MD		
Street Address 405 Promenade Street, Suite A			Street Address 405 Promenade Street, Suite A		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Newell E. Warde, PhD			Director Name		
Street Address 405 Promenade Street, Suite A			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Patrick J. Sweeney, MD				Date 6/28/16	
Signature of Officer/Authorized Representative <i>Patrick J. Sweeney, MD</i> SIGN DOCUMENT HERE					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** *02*  
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