

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. 000071742

2. Name of Corporation AMERICAN MEDICAL PROFESSIONAL ALLIANCE, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O UNITED CORPORATE SERVICES

222 JEFFERSON BOULEVARD

City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 99 HUDSON ST

12TH FLOOR

City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10013</u> Country: <u>USA</u>

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PURCHASE LIABILITY INSURANCE ON A GROUP BASIS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	KATHERINE LOUISE	99 HUDSON ST., 12TH FLOOR NEW YORK, NY 10013 USA
SECRETARY	CALVIN E. F. SULLIVAN	99 HUDSON ST, 12TH FLOOR NEW YORK, NY 10013 USA

PRESIDENT	RICHARD J. J. SULLIVAN JR.	99 HUDSON STREET, 12TH FLOOR NEW YORK, NY 10013- USA
DIRECTOR	KATHERINE LOUISE	99 HUDSON STREET, 12TH FLOOR NEW YORK, NY 10013 USA
DIRECTOR	RICHARD J. J. SULLIVAN JR.	99 HUDSON STREET, 12TH FLOOR NEW YORK, NY 10013 USA
DIRECTOR	CALVIN E. F. SULLIVAN	99 HUDSON ST, 12TH FLOOR NEW YORK, NY 10013 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

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

Signed this 15 Day of July, 2016 at 2:31:52 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 KATHERINE NOVA

Signature of Authorized Person

Form No. 631 Revised 09/07

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