



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.** 000992614

**2. Name of Corporation** Rhode Island Patient Association

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 300 TOLL GATE ROAD  
SUITE 201

City or Town: WARWICK State: RI Zip: 02886 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 ASSIST PATIENTS WITH MEDICAL PRESCRIPTIONS AND DOCTOR VISIT COSTS THAT FALL AT OR BELOW THE FEDERAL POVERTY GUIDELINES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	WILLIAM COTTON	24 HADE COURT WARWICK, RI 02889 USA
DIRECTOR	WILLIAM COTTON	24 HADE COURT

		WARWICK, RI 02889 USA
DIRECTOR	JONATHAN D. COTTON	468 CENTRAL AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	AMANDA SIMMONS	11 HILL TOP DRIVE EAST GREENWICH, RI 02818 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**

WILLIAM COTTON 300 TOLL GATE ROAD, SUITE 201 WARWICK , RI 02886

**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 July, 2016 at 1:56:52 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 WILLIAM COTTON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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