



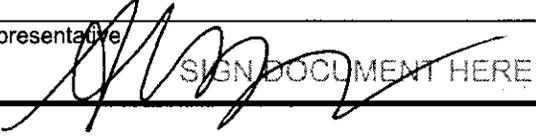
State of Rhode Island and Providence Plantations

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 512095		2. Exact name of the Corporation Rhode Island Pain Society, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Collaborative resource for the advocacy, education and research for acute/chronic pain.			
5. Principal Office Address 1145 Main Street			City Pawtucket	State RI	Zip 02860
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Todd Handel, MD			Vice-President Name		
Street Address 1145 Main Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Matthew Smith, MD			Treasurer Name Adrian Hamburger MD		
Street Address 1351 S. County Trail, Suite 220			Street Address 45 Wells St		
City East Greenwich	State RI	Zip 02818	City Westerly	State RI	Zip 02891
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Todd Handel, MD			Director Name Adrian Hamburger, MD		
Street Address 1145 Main St			Street Address 45 Wells ST		
City Pawtucket	State RI	Zip 02860	City Westerly	State RI	Zip 02891
Director Name Matthew Smith, MD			Director Name		
Street Address 1351 S. County Trail, Suite 220			Street Address		
City East Greenwich	State RI	Zip 02818	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.					
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.					
<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 Adrian Hamburger				Date 10/09/2016	
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE

FILED

OCT 14 2016

By 1035


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