



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

**FILED**

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 14 2016

By 

FORM 641 - Revised: 05/2016