



**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: 2017

1. Corporate ID No. 000035276

2. Name of Corporation Rhode Island Academy of Physician Assistants

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

4. Corporate Address in Rhode Island

No. and Street: 405 PROMENADE STREET, SUITE A

City or Town: PROVIDENCE

State: RI Zip: 02908 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 WORK TOWARD MAKING PERSONALIZED, QUALITY HEALTHCARE AVAILABLE TO ALL RHODE ISLANDERS AND TO INCREASE PUBLIC UNDERSTANDING AND PROMOTE THE PHYSICIAN ASSISTANT CONCEPT AMONG PROVIDERS

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Incorporator is no longer applicable; please delete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	JAMES CARNEY PA, DFAAPA	405 PROMENADE ST PROVIDENCE, RI 02908 USA
TREASURER	JAY ROBERT AMRIEN PA-C	405 PROMENADE ST PROVIDENCE, RI 02908 USA
SECRETARY	MARY FURLONG PA-C	405 PROMENADE ST PROVIDENCE, RI 02908 USA
VICE PRESIDENT	RAYMOND CORD MHP, PA-C	405 PROMENADE ST PROVIDENCE, RI 02908 USA
EXECUTIVE DIRECTOR	MARC FARREN BIALEK	120 PARTRIDGE RUN EAST GREENWICH, RI 02818 USA
DIRECTOR	INDIRA SADHU	405 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	ALLEGRA BERNARDO PA-S	405 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	DANIELLE ROBBINS PA-C	405 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	JENNIFER GEREMIA PA-C	405 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	ETHAN WALSH PA-S	405 PROMENADE ST PROVIDENCE, RI 02908 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**

MARC BIALEK 405 PROMENADE STREET, SUITE A SUITE A PROVIDENCE , RI 02908

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

Signed this 20 Day of June, 2017 at 3:54:11 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 MARC BIALEK
Signature of Authorized Person

Form No. 631
Revised 09/07