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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2017

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2017 JUN 30 PM 2: 56

-> 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	2. Exact name of the Corporation				
972447	Rhode Island Council of Child & Adolescent Psychiatry				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	To promote the healthy development of children, adolscents and families in RI through research, training, prevention, comprehensive diagnosis and treatment.				
4. NAICS Code	research, trai	ining, prevenuc	m, comprenensive diagnosis a	na treatment.	
813920 - Professional Organ					
6. Principal Office Address			City	State	Zip
c/o Partridge Snow & Hahn LLP, 40 Westminster St., Ste.			Providence	RI	02903
7. List ALL officers (names and add		1100	Check the	e box to indicate a	n attachment 🗸
President Name Elizabeth A. Lowenaupt, M.D.			Vice-President Name Daisy Bassen, M.D.		
Street Address 593 Eddy St., POB-122			Street Address 340 Broadway		
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02909
Secretary Name Michael Wolfe, M.D.			Treasurer Name Marta Majczak, M.D.		
Street Address 345 Blackstone Boulevard			Street Address 154 Waterman, Suite 8		
^{City} Providence	State RI	^{Zip} 02906	^{City} Providence	State RI	^{Zip} 02906
8. List ALL directors (names and ac	idresses). Ri Corp	porations MUST lis		ck the box to indicate	an attachment
Director Name Elizabeth A. Lowenhaupt, M.D.			Director Name Marta Majczak, M.D.		
Street Address 593 Eddy St., POB-122			Street Address 154 Waterman, Suite 8		
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02906
Director Name Daisy Bassen, M.D.			Director Name Michael Wolfe, M.D.		
Street Address 340 Broadway			Street Address 154 Waterman, Suite 8		
City Providence	State RI	^{Zip} 02909	City Providence	State RI	^{Zip} 02906
9. Registered Agent in Rhode Island	d. This Information is	s currently of record	in the Department of State. Changes req	uire filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accomp	anying schedule	s and
		ecretary, Assistant Sec	retary, Treasurer, duly Authorized Representati	ve, Receiver or Trustee	
Name of Officer/Authorized Represe			;	Date 6 /26 /	12
Elizabeth A Lowenhaupt, M.D		·			! <i>T</i>
Signature of Officer/Authorized/Repr	esentative	SIGN DOCU	MENT HERE		
MAIL TO: Division of Business Services 48 W. River Street, Providence, Rhode I Phone: (401) 222-3040 Vebsite: www.sos.ri.gov	sland 02904-2615		JUN 30 2017 BY 430	7429 FORM 631	- Revised: 05/2017

MAIL TO:

Phone: (401) 222-3040 Website: www.sos.ri.gov

Exhibit A to 2017 Annual Report

Additional Officers:

Stephanie Hartselle, M.D., 182 Butler Avenue, Providence, RI 02906 Delegate to the Assembly

Additional Directors:

Stephanie Hartselle, M.D., 182 Butler Avenue, Providence, RI 02906

Daniel Dickstein, M.D., 1011 Veterans Memorial Pkwy, Riverside 02915

Gillian Elliott Pearis, M.D., 1 Richmond Square, Suite 120C, Providence 02906

David Savitzky, M.D., 249 Roosevelt Ave, Suite 205, Pawtucket 02860

Gregory Stiener, M.D., 340 Broadway, Providence 02909

Gerald Tarnoff, M.D., 1011 Veterans Memorial Pkwy, Riverside, RI 02915

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