



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS. SVCS. DIV.
2017 JUL 20 AM 10:14

1. Entity ID Number 113644		2. Exact name of the Corporation The Rhode Island Medical Society	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island 501(C) (6) Trade Association. Physician member organization.	
4. NAICS Code 813920			
6. Principal Office Address 405 Promenade Street, Suite A		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sarah J. Fessler, MD		Vice-President Name Bradley L. Collins, MD	
Street Address 405 Promenade St., Suite A		Street Address 405 Promenade St., Suite A	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
Secretary Name Christine Brousseau, MD		Treasurer Name Jose R. Polanco, MD	
Street Address 405 Promenade St., Suite A		Street Address 405 Promenade St., Suite A	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Peter A. Hollmann, MD		Director Name Alyn L. Adrain, MD	
Street Address 405 Promenade St., Suite A		Street Address 405 Promenade St., Suite A	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
Director Name Thomas A. Bledsoe, MD		Director Name Catherine Ann Cummings, MD	
Street Address 405 Promenade St., Suite A		Street Address 405 Promenade St., Suite A	
City Providence	State RI	Zip 02908	City Providence State RI Zip 02908
9. 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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Sarah J. Fessler, MD			Date 7-17-17
Signature of Officer/Authorized Representative 			

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

JUL 20 2017
BY 308596
A.A.

FORM 631 - Revised: 05/2017



RHODE ISLAND MEDICAL SOCIETY

PRESIDENT • SARAH J. FESSLER, MD
PRESIDENT-ELECT • BRADLEY J. COLLINS, MD
VICE PRESIDENT • PETER A. HOLLMANN, MD
SECRETARY • CHRISTINE BROUSSEAU, MD
TREASURER • JOSE R. POLANCO, MD
EXECUTIVE DIRECTOR • NEWELL E. WARDE, PHD

Continued – Board of Directors The Rhode Island Medical Society

Michael E. Migliori, MD
405 Promenade St., Suite A
Providence, RI 02908

Roberto Ortiz, MD
405 Promenade St., Suite A
Providence, RI 02908

Dieter Pohl, MD
405 Promenade St., Suite A
Providence, RI 02908

Russell A. Settipane, MD
405 Promenade St., Suite A
Providence, RI 02908

Patrick J. Sweeney, MD, MPH
405 Promenade St., Suite A
Providence, RI 02908

Kenneth A. Williams, MD
405 Promenade St., Suite A
Providence, RI 02908