State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for	the	year:
			•	

Non-Profit Corporation

2017		
2.1111		

- → Filing period: June 1 June 30
- → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

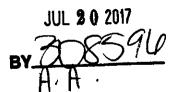
					(B m		
1. Entity ID Number	2. Exact name o	f the Corporation	- 3				
113644	The Rho	The Rhode Island Medical Society					
3. State of Incorporation	5. Brief descripti	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	501(C) (6) Trade Asso	ciation. Physician men	aber organiza	ation.		
4. NAICS Code	1		, in the second	_			
813920							
6. Principal Office Address			City	State	Zip		
405 Promenade Street, Suite A			Providence	RI	02908		
7. List ALL officers (names and add	<u> </u>		<u> </u>	le box to indicate a	<u> </u>		
President Name	1103037		Vice-President Name				
Sarah J. Fessler.	MD		Bradley I. Collins, MD				
Street Address			Street Address				
405 Promenade St	Stuite A		405 Promenade St.,	Suite A	· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	City	State	Zip		
Providence	RI	02908	Providence	RI	02908		
Secretary Name			Treasurer Name				
Christine Broussea			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		
· · · · · · · · · · · · · · · · · · ·	<u> </u>			I KT	02906		
8. List ALL directors (names and ac	idresses). Ri Corp	orations MOS T is		eck the box to indicate	e an attachment 🗷		
Director Name			Director Name				
Peter A. Hollmann, MD			Alyn L. Adrain, MD				
Street Address			Street Address				
405 Promenade St		Zip	405 Promenade St.,	State	Zin		
City Providence	State RI	02908	Providence	RI	^{Zip} 02908		
Director Name			Director Name	fman MD			
Thomas A. Bledsoe,	<u>MD</u>		Catherine Ann Cummings, MD				
Street Address			Street Address 405 Promenade St., Suite A				
405 Promenade St.	Suite A State	Zin	City		Zin anna		
City Providence	RI	^{Zip} 02908	^{City} Providence	State RI	^{Zip} 02908		
			in the Department of State. Changes re				
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 Pres	ident, Vice-President, S	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Representa	tive, Receiver or Trustee	9.		
Name of Officer/Authorized Repres	entative	-		Date			
Sarah J. Fessler, MD				7-17-17	7 		
Signature of Officer/Authorized Rep	resentative						
Mad FILED							

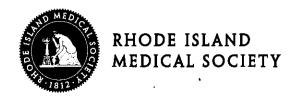
MAIL TO:

Division of Business Services

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

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





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