



**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: 2018

1. Corporate ID No. 000053785

2. Name of Corporation RHODE ISLAND CHAPTER, AMERICAN ACADEMY OF FAMILY PHYSICIANS, INC.

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

813920

4. Corporate Address in Rhode Island

No. and Street: 405 PROMENADE ST
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 PROMOTE EXCELLENCE IN HEALTH CARE AND HEALTH OF AMERICAN PEOPLE

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Incorporator is no longer applicable; please delete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	PHIL SALKO MD	99 WEAVER ROAD, RI 02852 USA
TREASURER	JENNIFER BUCKLEY MD	186 PROVIDENCE ST PROVIDENCE, RI 02893-2508 USA
PRESIDENT ELECT	KEITH CALLAHAN MD	11 TALL PINE DRIVE EAST GREENWICH, RI 02818 USA
EXECUTIVE DIRECTOR	MARC F BIALEK	120 PARTRIDGE RUN EAST GREENWICH, RI 02818 USA
DIRECTOR	FADYA EL RAYESS MD	111 BREWSTER ST PAWTUCKET, RI 02860 USA
CHAIRMAN	DAVID BICA DO	2 LAUREN CT. CRANSTON, RI 02921 USA
DIRECTOR	KARA KOPACZEWSKI	7 MORGANS WAY SWANSEA, MA 02777 USA
DIRECTOR	JEFFREY BORKAN	111 BREWSTER STREET PAWTUCKET, RI 02860 USA
DIRECTOR	DAVID ASHLEY	111 BREWSTER STREET PAWTUCKET, RI 02860 USA
DIRECTOR	SARAH FESSLER MD	100 BULLOCKS POINT AVE RIVERSIDE , RI 02915 USA
DIRECTOR	ELIZABETH FARNUM MD	186 PROVIDENCE ST W. WARWICK, RI 02893 USA
DIRECTOR	ALKETA MEZINI XHUPI MD	1405 SCITUATE AVE CRANSTON, RI 02921-1837 USA
DIRECTOR	GINA LA PROVA MD	280 TOWER HILL RD CUMBERLAND, RI 02864-1500 USA
DIRECTOR	JORDAN EMONT	555 S WATER ST APT 206 PROVIDENCE, RI 02903 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**

KAREN DALTON 12 SNAGWOOD RD FOSTER , RI 02825

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

Signed this 18 Day of June, 2018 at 1:34:10 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

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