



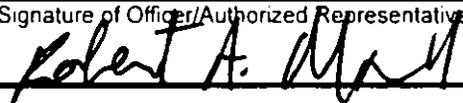
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

Non-Profit Corporation

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

STAMP
 RECEIVED
 SECRETARY OF STATE
 FOR CORPORATIONS
 JUN 18 2018

1. Entity ID Number 000304564		2. Exact name of the Corporation Surgical Critical Care Program Directors Society, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide a forum for its members to further the profession of instructing and training others in surgical critical care.			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address 593 Eddy Street, APC 431		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Samuel A. Tisherman, MD			Vice-President Name Kimberly A. Davis, MD		
Street Address 22 SOUTH GREENE STREET			Street Address 2 Waterbury Avenue		
City Baltimore	State MD	Zip 21201	City Milford	State CT	Zip 06460
Secretary Name Hasan B. Alam, MBBS			Treasurer Name Robert A. Maxwell, MD		
Street Address 1500 E MEDICAL CENTER DRIVE			Street Address 979 East Third Street, Suite B401		
City Ann Arbor	State MI	Zip 48109	City Chattanooga	State TN	Zip 37403
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine Cocanour, MD			Director Name Krista Kaups, MD		
Street Address 2315 Stockton			Street Address 155 N. Fresno Street		
City Sacramento	State CA	Zip 95817	City Fresno	State CA	Zip 93701
Director Name David A. Spain, MD			Director Name NONE		
Street Address 300 Pasteur Drive			Street Address NONE		
City Stanford	State CA	Zip 94305	City NONE	State NONE	Zip NONE
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Robert A. Maxwell, MD				Date 6/14/2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

JUN 18 2018

BY Ch 332893