**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.** 000035276

**2. Name of Corporation** Rhode Island Academy of Physician Assistants

**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 6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 405 PROMENADE STREET, 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 WORK TOWARD MAKING PERSONALIZED, QUALITY HEALTHCARE AVAILABLE TO ALL RHODE ISLANDERS AND TO INCREASE PUBLIC UNDERSTANDING AND PROMOTE THE PHYSICIAN ASSISTANT CONCEPT AMONG PROVIDERS

**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**Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | JAMES CARNEY PA, DFAAPA | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| TREASURER | JAY ROBERT AMRIEN PA-C | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| SECRETARY | MARY FURLONG PA-C | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| VICE PRESIDENT | RAYMOND CORD MHP, PA-C | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| EXECUTIVE DIRECTOR | MARC FARREN BIALEK | 120 PARTRIDGE RUN<br>EAST GREENWICH, RI 02818 USA |
| DIRECTOR | INDIRA SADHU | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| DIRECTOR | ALLEGRA BERNARDO PA-S | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| DIRECTOR | DANIELLE ROBBINS PA-C | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| DIRECTOR | JENNIFER GEREMIA PA-C | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| DIRECTOR | JESSICA WOOD PA-S | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 USA |
| DIRECTOR | CHRISTOPHER FERREIRA PA-C | 405 PROMENADE ST<br>PROVIDENCE, RI 02908 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**

MARC BIALEK 405 PROMENADE STREET, SUITE A SUITE A PROVINCE , RI 02908

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

**Signed this 19 Day of June, 2018 at 10:05:27 AM 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