



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \*

\* 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.

1. Corporate ID No. <b>139412</b>		2. Name of Corporation <b>Foundation for Integrity and Responsibility in Medicine</b>	
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>16 Cutler St., Suite 104</b>	
		City <b>Warren</b>	Zip <b>02885</b>
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>dissemination of information and education about health care</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Roy M. Poses MD</b>		Vice President Name <b>Wally R. Smith MD</b>	
Street Address <b>5 Ridgeland Rd.</b>		Street Address <b>4513 Arbonne Ct.</b>	
City <b>Barrington</b>	State <b>RI</b>	City <b>Glen Allen</b>	State <b>VA</b>
Zip <b>02806</b>		Zip <b>23060</b>	
Secretary Name <b>Russell Maulitz MD</b>		Treasurer Name <b>Russell Maulitz MD</b>	
Street Address <b>2414 Spruce St.</b>		Street Address <b>2414 Spruce St.</b>	
City <b>Philadelphia</b>	State <b>PA</b>	City <b>Philadelphia</b>	State <b>PA</b>
Zip <b>19104</b>		Zip <b>19104</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>Roy M. Poses MD</b>		Director Name <b>Wally R. Smith MD</b>	
Street Address <b>5 Ridgeland Rd.</b>		Street Address <b>4513 Arbonne Ct.</b>	
City <b>Barrington</b>	State <b>RI</b>	City <b>Glen Allen</b>	State <b>VA</b>
Zip <b>02806</b>		Zip <b>23060</b>	
Director Name <b>Russell Maulitz MD</b>		Director Name	
Street Address <b>2414 Spruce St.</b>		Street Address	
City <b>Philadelphia</b>	State <b>PA</b>	City	State
Zip <b>19104</b>		Zip	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

<b>FILED</b>	
File Date	<b>APR 04 2006</b>
Check No.	<b>Bym 95085</b>
By:	<b>GMA</b>
FOR SECRETARY OF STATE USE ONLY	

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.

**Roy M. Poses MD** 3/30/2006  
Signature of Officer Date  
**ROY M. POSES MD**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer