



**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:** 2019

**1. Corporate ID No.** 000028431

**2. Name of Corporation** RIH ORTHOPAEDIC FOUNDATION, 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   
622310

**4. Corporate Address in Rhode Island**

No. and Street: 1 KETTLE POINT AVENUE  
SUITE 100

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 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**

ORTHOPEDIC PRACTICE, RESEARCH AND TEACHING

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	EDWARD AKELMAN MD	1 KETTLE POINT AVE, SUITE 100 EAST PROVIDENCE, RI 02914 USA
TREASURER	JOSEPH J. CRISCO PHD	1 KETTLE POINT AVE, SUITE 100 EAST PROVIDENCE, RI 02914 USA
SECRETARY	BRADEN C. FLEMING PHD	1 KETTLE POINT AVE, SUITE 100 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	EDWARD AKELMAN MD	1 KETTLE POINT AVE, SUITE 100 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	QIAN CHEN PHD	1 KETTLE POINT EAST PROVIDENCE, RI 02914 USA
DIRECTOR	BRADEN C. FLEMING PHD	1 KETTLE POINT AVE, SUITE 100 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JOSEPH J. CRISCO PHD	1 KETTLE POINT AVENUE EAST PROVIDENCE, RI 02914 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**

E. COLBY CAMERON, ESQ. 301 PROMENADE STREET PROVIDENCE , 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 14 Day of May, 2019 at 9:22:52 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 EDWARD AKELMAN, M.D., PRESIDENT

Signature of Authorized Person

Form No. 631  
Revised 09/07

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