




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

Annual Report for the year: **2019**
Non-Profit Corporation

STAMP

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

1. Entity ID Number 000093976		2. Exact name of the Corporation Dermatology Foundation of Rhode Island, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educational, Charitable, and Scientific Purposes			
4. NAICS Code 622310 - Specialty (except)					
6. Principal Office Address 593 Eddy Street, APC-10		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 Abrar A. Qureshi, MD, MPH			Vice-President Name Jennie J. Muglia, MD		
Street Address 24 Hallet Hill Road			Street Address 3 Field Lane		
City Weston	State MA	Zip 02493	City Barrington	State RI	Zip 02806
Secretary Name David S. Farrell, MD			Treasurer Name Lionel G. Bercovitch, MD		
Street Address 27 Jenny Lane			Street Address 25 Penrose Avenue		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
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 Abrar A. Qureshi, MD, MPH			Director Name David S. Farrell		
Street Address 24 Hallet Hill Road			Street Address 27 Jenny Lane		
City Weston	State MA	Zip 02493	City Barrington	State RI	Zip 02806
Director Name Jennie J. Muglia, MD			Director Name		
Street Address 3 Field Lane			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Abrar A. Qureshi, MD, MPH				Date 5/14/2019	
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.ri.gov

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FORM 631 - Revised: 03/2019