



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

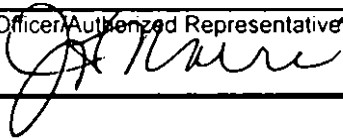
FILED
 JUN 21 2019
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Annual Report for the year: **2019**

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.

RV 4592

1. Entity ID Number 000034645		2. Exact name of the Corporation NATIONAL PERINATAL INFORMATION CENTER			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RESEARCH AND EDUCATION			
4. NAJCS Code 541611					
6. Principal Office Address 225 CHAPMAN ST., SUITE 200			City PROVIDENCE	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JANET H. MURI			Vice-President Name Wendy Guida		
Street Address 225 CHAPMAN ST, SUITE 200			Street Address 225 CHAPMAN ST, SUITE 200		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name Mary Henrikson, MN, BSN, CENP			Treasurer Name Mary Henrikson, MN, BSN, CENP		
Street Address 2979 N. St. Augustine Pl			Street Address 2979 N. St. Augustine Pl		
City Tucson	State AZ	Zip 85712	City Tucson	State AZ	Zip 85712
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Ann D. Gaffey, RN, MSN, CPHRM, DFASHRM			Director Name Larry L. Smith, JD		
Street Address 1724 N. Huntington St.			Street Address 10980 Grantchester Way		
City Arlington	State VA	Zip 22205	City Columbia	State MD	Zip 21044
Director Name Larry Veltman, MD, DFASHRM, FACOG			Director Name Raymond L. Cox, MD, MBA		
Street Address 770 NW Westover Square			Street Address 12 Off Shore Drive		
City Portland	State OR	Zip 97210	City Hilton Head	State SC	Zip 29928
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 JANET H. MURI					Date 6/18/2019
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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

Entity ID Number 000034645
List of Directors Cont'd

Marilyn B. Escobedo, MD
106 Montauk Blvd
East Hampton NY 11937

Dennis English, MD, MMM, FACOG
2359 Railroad St., Apt 2423
Pittsburgh, PA 15222

Emory Fry, MD
21000 NE Kings Grade
Newberg, OR 97132

Ana Lòpez-De Fede, PhD, MEd, MA
121 FALMOUTH RISE RD
COLUMBIA SC 29229-8825

Martin McCaffrey, MD
1008 Adams Mountain Rd.
Raleigh, NC 27614

Elizabeth Deckers, MD
80 Seymour Street
Hartford, CT 06102

Kathryn Lasiter, RN
722 Sleeping Indian Road
Oceanside, CA 92057