



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

**FILED**

JUN 24 2019

STA 113

RY 593

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.

|  |   |  |                    |              |                    |
|--|---|--|--------------------|--------------|--------------------|
| 1. Entity ID Number<br>32103   | 2. Exact name of the Corporation<br>Providence Medical Association  |  |                    |              |                    |
| 3. State of Incorporation<br>Rhode Island  | 5. Brief description of the character of business conducted in Rhode Island<br>Concern for public health and quality of medical care. |  |                    |              |                    |
| 4. NAICS Code<br>813920  |   |  |                    |              |                    |
| 6. Principal Office Address<br>405 Promenade Street, Ste. A  |   | City<br>Providence                             | State<br>RI        | Zip<br>02908 |                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |  |                    |              |                    |
| President Name<br>Patrick J. Sweeney, MD   |   | Vice-President Name                            |                    |              |                    |
| Street Address<br>405 Promenade Street, Ste. A   |   | Street Address                                 |                    |              |                    |
| City<br>Providence   | State<br>RI   | Zip<br>02908                                   |                    |              |                    |
| Secretary Name<br>Newell E. Warde, PhD   |   | Treasurer Name<br>Newell E. Warde, PhD         |                    |              |                    |
| Street Address<br>405 Promenade Street, Ste. A   |   | Street Address<br>405 Promenade Street, Ste. A |                    |              |                    |
| City<br>Providence   | State<br>RI   | Zip<br>02908                                   | City<br>Providence | State<br>RI  | Zip<br>02908       |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |  |                    |              |                    |
| Director Name<br>Patrick J. Sweeney, MD  |   | Director Name<br>James P. Crowley, MD          |                    |              |                    |
| Street Address<br>405 Promenade Street, Ste. A   |   | Street Address<br>405 Promenade Street, Ste. A |                    |              |                    |
| City<br>Providence   | State<br>RI   | Zip<br>02908                                   | City<br>Providence | State<br>RI  | Zip<br>02908       |
| Director Name<br>Newell E. Warde, PhD  |   | Director Name                                  |                    |              |                    |
| Street Address<br>405 Promenade Street, Ste. A   |   | Street Address                                 |                    |              |                    |
| City<br>Providence   | State<br>RI   | Zip<br>02908                                   | 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.  |   |  |                    |              |                    |
| <b>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.</b>        |   |  |                    |              |                    |
| <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<br>Newell E. Warde, PhD  |   |  |                    |              | Date<br>6/19/19    |
| Signature of Officer/Authorized Representative<br><i>Newell E. Warde</i>   |   |  |                    |              | 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