



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

FILED

JUN 24 2019 *STA 113*

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 593

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

MAIL TO:
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