



**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. 000030009

2. Name of Corporation The Rhode Island Psychiatric Society: A District Branch of the American Psychiatric Association

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

6

813920

4. Corporate Address in Rhode Island

No. and Street: 405 PROMENADE STREET
SUITE A

City or Town: PROVIDENCE

State: RI Zip: 02908 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

NONPROFIT ORGANIZATION FOR PSYCHIARISTS PROMOTING EDUCATION

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Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EMILY MURPHY	405 PROMENADE ST PROVIDENCE, RI 02908 USA
TREASURER	KIRSTEN HULL MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
SECRETARY	KIRSTEN HULL	405 PROMENADE ST PROVIDENCE, RI 02908 USA
VICE PRESIDENT	JAMES INGRAHAM	405 PROMENADE ST PROVIDENCE, RI 02908 USA
EXECUTIVE DIRECTOR	MARC BIALEK	120 PARTRIDGE RUN EAST GREENWICH, RI 02818 USA
LEGISLATIVE COMMITTEE	MICKEY SILVER MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DISTINGUISHED FELLOWSHIP COMMITTEE CHAIR	ROBERT JOHNSTON MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	KAZI SALAHUDDIN MD	25 SOUTH EAGLE NEST DRIVE LINCOLN, RI 02865 USA
DIRECTOR	AMY HALT MD	78 IRVING AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	SARAH SCHMIDHOFFER MD	30 SOUTH ANGELL STREET, 3RD FLOOR PROVIDENCE, RI 02906 USA
DIRECTOR	JACK BELKIN MD	530 NORTH MAIN STREET PROVIDENCE, RI 02904 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**

MARC BIALEK 405 PROMENADE STREET, SUITE A 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 26 Day of June, 2019 at 11:08:30 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 MARC BIALEK
Signature of Authorized Person

Form No. 631
Revised 09/07

