



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

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.

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RI DEPT OF STATE  
BUS SERVICES DIV  
2019 OCT - 7 P : 00

|   |                 |   |  |                    |                             |
|---|-----------------|---|--|--------------------|-----------------------------|
| 1. Entity ID Number<br><b>790728</b>  |                 | 2. Exact name of the Corporation<br><b>Rhode Island Dermatology Society</b>   |  |                    |                             |
| 3. State of Incorporation<br><b>Rhode Island</b>  |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>nonprofit specialty medical society</b> |  |                    |                             |
| 4. NAICS Code<br><b>813920 - Professional Org</b>   |                 |   |  |                    |                             |
| 6. Principal Office Address<br><b>3461 South County Trail #202</b>  |                 |   | City<br><b>Greenwich</b><br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>         |
| 7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>  |                 |   |  |                    |                             |
| President Name <b>H William Higgins</b>   |                 |   | Vice-President Name                                |                    |                             |
| Street Address <b>593 Eddy Street APC 10</b>  |                 |   | Street Address                                     |                    |                             |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>  | City   | State              | Zip                         |
| Secretary Name <b>Kathleen Carney-Godley</b>  |                 |   | Treasurer Name <b>Robert Dyer</b>                  |                    |                             |
| Street Address <b>1672 South County Trail #301</b>  |                 |   | Street Address <b>3461 South County Trail #202</b> |                    |                             |
| City <b>East Greenwich</b>  | State <b>RI</b> | Zip <b>02818</b>  | City <b>East Greenwich</b>                         | State <b>RI</b>    | Zip <b>02818</b>            |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>                             |                 |   |  |                    |                             |
| Director Name <b>Reuben Reich</b>   |                 |   | Director Name <b>Vincent Criscione</b>             |                    |                             |
| Street Address <b>1180 Hope Street</b>  |                 |   | Street Address <b>3461 South County Trail #202</b> |                    |                             |
| City <b>Bristol</b>   | State <b>RI</b> | Zip <b>02809</b>  | City <b>East Greenwich</b>                         | State <b>RI</b>    | Zip <b>02818</b>            |
| Director Name <b>Ganary Dabiri</b>  |                 |   | Director Name <b>Helena Kuhn</b>                   |                    |                             |
| Street Address <b>50 Maude Street, 4th Floor</b>  |                 |   | Street Address <b>593 Eddy Street APC 10</b>       |                    |                             |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02908</b>  | City <b>Providence</b>                             | State <b>RI</b>    | Zip <b>02903</b>            |
| 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><b>Shayna Melvin</b>   |                 |   |  |                    | Date<br><b>May 14, 2019</b> |
| Signature of Officer/Authorized Representative<br>  |                 |   |  |                    | 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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