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.

RECEIVED
R.I. DEPT OF STATE
BUS SERVICES DIV
2019 OCT -7 P 1:00

1. Entity ID Number	2. Exact name of the Corporation
790728	**Rhode Island Dermatology Society**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **nonprofit specialty medical society**
4. NAICS Code: **813920 - Professional Org**	

6. Principal Office Address	City	State	Zip
3461 South County Trail #202	**East ~~Greenich~~** Greenwich	**RI**	**02818**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **H William Higgins**			Vice-President Name		
Street Address **593 Eddy Street APC 10**			Street Address		
City **Providence**	State **RI**	Zip **02903**	City	State	Zip
Secretary Name **Kathleen Carney-Godley**			Treasurer Name **Robert Dyer**		
Street Address **1672 South County Trail #301**			Street Address **3461 South County Trail #202**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Reuben Reich**			Director Name **Vincent Criscione**		
Street Address **1180 Hope Street**			Street Address **3461 South County Trail #202**		
City **Bristol**	State **RI**	Zip **02809**	City **East Greenwich**	State **RI**	Zip **02818**
Director Name **Ganary Dabiri**			Director Name **Helena Kuhn**		
Street Address **50 Maude Street, 4th Floor**			Street Address **593 Eddy Street APC 10**		
City **Providence**	State **RI**	Zip **02908**	City **Providence**	State **RI**	Zip **02903**

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Shawna Melvin	**May 14, 2019**

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
OCT 07 2019 1:02
KL 1HQ42

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