



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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1. Entity ID Number 103855		2. Exact name of the Corporation Rhode Island Association of Naturopathic Physicians	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island promote the profession of Naturopathic Medicine and public awareness of Naturopathic health principles	
4. NAICS Code 813920			
6. Principal Office Address 1148 Main Road		City Tiverton	State RI
		Zip 02878	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dr Chrysanthi Kaganantzis		Vice-President Name Dr Martine Delonay	
Street Address 144 Waterman Street		Street Address 201 Waterman Ave	
City Providence	State RI	City East Providence	State RI
Zip 02906		Zip 02914	
Secretary Name Dr Bridget Casey		Treasurer Name Dr John Straus	
Street Address 35 South Angell Street		Street Address 1148 Main Road	
City Providence	State RI	City Tiverton	State RI
Zip 02906		Zip 02878	
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 Dr Shelia Froderman		Director Name Dr Marcy Feibelman	
Street Address 144 Waterman Street		Street Address 201 Waterman Ave	
City Providence	State RI	City East Providence	State RI
Zip 02906		Zip 02914	
Director Name Dr Angela McCann		Director Name	
Street Address 35 South Angell Street		Street Address	
City Providence	State RI	City	State
Zip 02906		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 JOHN STRAUS			Date 1/30/20
Signature of Officer/Authorized Representative 			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

FILED

JAN 30 2020

BY Dr 7003X
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