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: 2020

1. Corporate ID No. 001663984

2. Name of Corporation Brown Dermatology, Inc.

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

622310

4. Corporate Address in Rhode Island

No. and Street: 593 EDDY STREET-APC10
City or Town: PROVIDENCE State: RI Zip: 02903 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

TO PROMOTE HEALTH BY PROVIDING CLINICAL AND MEDICAL CARE TO PATIENTS AS THE FACULTY GROUP PRACTICE ORGANIZATION FOR THE DEPARTMENT OF DERMATOLOGY AT THE WARREN ALPERT MEDICAL SCHOOL AT BROWN UNIVERSITY (ALPERT MEDICAL SCHOOL); TO OPERATE THE CLINICAL AND PATIENT CARE SERVICES OF THE FACULTY GROUP PRACTICE ORGANIZATION FOR THE BENEFIT AND SUPPORT OF THE TEACHING, RESEARCH, CLINICAL, AND PATIENT CARE MISSIONS OF THE DEPARTMENT OF DERMATOLOGY AT THE ALPERT MEDICAL

SCHOOL AND HOSPITALS WITHIN THE STATE OF RHODE ISLAND THAT ARE AFFILIATED WITH THE ALPERT MEDICAL SCHOOL; TO ENGAGE IN RESEARCH, EDUCATION OF MEDICAL STUDENTS AT THE ALPERT MEDICAL SCHOOL, AND EDUCATION OF MEDICAL SCHOOL GRADUATES IN POSTGRADUATE TRAINING PROGRAMS AT HOSPITALS WITHIN THE STATE OF RHODE ISLAND THAT ARE AFFILIATED WITH THE ALPERT MEDICAL SCHOOL; AND TO PROVIDE ADMINISTRATIVE SERVICES TO THE DEPARTMENT OF DERMATOLOGY AT THE ALPERT MEDICAL SCHOOL AND TO DERMATOLOGY DEPARTMENTS AT HOSPITALS WITHIN THE STATE OF RHODE ISLAND THAT ARE AFFILIATED WITH THE ALPERT MEDICAL SCHOOL.

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	ABRAR A QURESHI MD,MPH	24 HALLETT HILL ROAD WESTON, MA 02493 USA
TREASURER	ABRAR A QURESHI MD MPH	24 HALLETT HILL ROAD WESTON, MA 02493 USA
SECRETARY	NICOLE GRENIER MD	451 GILBERT STUART ROAD SAUNDERSTOWN, RI 02874 USA
VICE PRESIDENT	DAVID S. FARRELL MD	27 JENNY LANE BARRINGTON, RI 02806 USA
DIRECTOR	DAVID S FARRELL MD	27 JENNY LANE BARRINGTON, RI 02806 USA
DIRECTOR	JACK ELIAS MD	11 LORING AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	KIMBERLY A GALLIGAN MBA	50 SPENCER AVENUE EAST GREENWICH, RI 02818 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

MICHAEL A. GAMBOLL, ESQ. PARTRIDGE SNOW & HAHN LLP 40 WESTMINSTER ST SUITE 1100 PROVIDENCE , RI 02903

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

Signed this 2 Day of June, 2020 at 12:13:57 PM 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 DANIEL LABRADOR
Signature of Authorized Person

Form No. 631
Revised 09/07