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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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**Annual Report for the year:** 2014  
**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.

1. Entity ID Number 27450		2. Exact name of the Corporation Kent County Medical Society			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Medical Social Club			
4. NAICS Code 813410					
6. Principal Office Address 455 Toll Gate Rd		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jason Boudjouk, MD			Vice-President Name Paari Gopalakrishnan, MD		
Street Address 190 Commerce Dr			Street Address 455 Toll Gate Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Paari Gopalakrishnan, MD			Treasurer Name Paari Gopalakrishnan, MD		
Street Address 455 Toll Gate Rd			Street Address 455 Toll Gate Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Jason Boudjouk, MD			Director Name Paari Gopalakrishnan, MD		
Street Address 190 Commerce Dr			Street Address 455 Toll Gate Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name <i>Alisa Morelli</i>			Director Name		
Street Address <i>455 Toll Gate Rd</i>			Street Address		
City <i>Warwick</i>	State <i>RI</i>	Zip <i>02886</i>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Herbert Brennan, DO				Date <i>1/8/21</i>	
Signature of Officer/Authorized Representative 					

**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 08 2021

FORM 631 - Revised: 08/2020

BY *[Signature]*  
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