



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2012
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. SVCS. DIV.
2021 JAN - 8 PM 12:49

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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Chaffey, MD			Vice-President Name Paari Gopalakrishnan, MD		
Street Address 215 Toll Gate Rd			Street Address 455 Toll Gate Rd		
City Warwick		State RI	Zip 02886	City Warwick	
State RI		Zip 02886	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	State RI		Zip 02886
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 John Chaffey, MD			Director Name Paari Gopalakrishnan, MD		
Street Address 215 Toll Gate Rd			Street Address 455 Toll Gate Rd		
City Warwick		State RI	Zip 02886	City Warwick	
State RI		Zip 02886	State RI		Zip 02886
Director Name <i>Alex Merolli</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	State		Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<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]*
12:49