



**State of Rhode Island
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: 2021

1. Corporate ID No. 000047887

2. Name of Corporation Ocean State Research Institute, 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



541712

4. Principal Office Address

No. and Street: 830 CHALKSTONE AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO FACILITATE MEDICAL RESEARCH & RELATED EDUCATION IN CONJUNCTION
W/PROVIDENCE VETERANS ADMINISTRATION MEDICAL CENTER

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SATISH SHARMA MD	830 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
EXECUTIVE DIRECTOR	MARY T. FORD	830 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
PRESIDENT	ROBERT M SWIFT, M.D. PHD	830 CHALKSTON AVE. PROVIDENCE, RI 02908 USA
DIRECTOR	WEN-CHIH WU M.D.	830 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
DIRECTOR	SUSAN A. MACKENZIE PHD	830 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
DIRECTOR	SHARON ROUNDS M.D.	830 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
DIRECTOR	KENNETH POYTON	830 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
DIRECTOR	DANIEL O'HARA	830 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
DIRECTOR	DANIEL STACK	830 CHALKSTONE AVW PROVIDENCE, RI 02908 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ROBERT M. SWIFT, PHD, MD VA MEDICAL CENTER/RESEARCH INST. 830 CHALKSTONE AVENUE
PROVIDENCE , RI 02908

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

Signed this 1 Day of June, 2021 at 7:11:30 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 MARY T. FORD
Signature of Authorized Person

Form No. 631
Revised 09/07