



**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. 001701398

2. Name of Corporation DOCTOR PATIENT COLLABORATIVE

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

4. Principal Office Address

No. and Street: 5 CHEDELL AVENUE
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 5 CHEDELL AVENUE
5
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: UNI

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

TO ADVOCATE, EDUCATE AND DEFEND THE RIGHTS OF PATIENTS, TO DEFEND AND PROTECT DOCTORS WHO TIRELESSLY WORK TO TREAT THEIR PATIENTS AND TO BRING AWARENESS TO THE GENERAL PUBLIC REGARDING RESTRICTIONS UPON MEDICAL PROVIDERS. THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) IF THE INTERNAL

REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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
PRESIDENT	CLAUDIA MERANDI	5 CHEDELL AVENUE EAST PROVIDENCE, RI 02914 US
VICE PRESIDENT	BEVERLY CHARLOTTE SCHECHTMAN	200 GARRISON AVENUE CLAYTON, NC 27520 US
ASSISTANT CLERK	DOROTHY MERANDI	5 CHEDELL AVENUE EAST PROVIDENCE, RI 02914 US
DIRECTOR	CLAUDIA MERANDI	5 CHEDELL AVENUE EAST PROVIDENCE, RI 02914 US
DIRECTOR	BEVERLY CHARLOTTE SCHECHTMAN	200 GARRISON AVENUE CLAYTON , NC 27520 US
DIRECTOR	DOROTHY MERANDI	5 CHEDELL AVENUE EAST PROVIDENCE, RI 02914 US

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

CLAUDIA MERANDI 5 CHEDELL AVENUE EAST PROVIDENCE , RI 02914

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

Signed this 8 Day of June, 2021 at 8:48:47 AM 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 CLAUDIA A. MERANDI
Signature of Authorized Person

Form No. 631
Revised 09/07

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