



**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.** 000035276

**2. Name of Corporation** Rhode Island Academy of Physician Assistants

**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: 405 PROMENADE STREET

SUITE A

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 405 PROMENADE STREET

SUITE A

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: UNI

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

TO WORK TOWARD MAKING PERSONALIZED, QUALITY HEALTHCARE AVAILABLE TO ALL RHODE ISLANDERS AND TO INCREASE PUBLIC UNDERSTANDING AND PROMOTE THE PHYSICIAN ASSISTANT CONCEPT AMONG PROVIDERS

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT JAY AMRIEN MPAS, PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
TREASURER	RAY CORD PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
SECRETARY	ARIANA AFRICO PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
ADVOCACY CHAIR	JIM CARNEY PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
ALT. STUDENT DIRECTOR	MADISON MACARUSO PA-S	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
EXECUTIVE DIRECTOR	MARC FARREN BIALEK	120 PARTRIDGE RUN EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	CHRISTOPHER FERREIRA PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	DERRIC VIGEANT PA-S	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	SPENCER RABIDOU PA-S	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	MEREDITH MOZZONE PA-S	405 PROMENADE ST, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	CRAIG BAILLE PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	ALEKO KIMBOURIS PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	SAMERA NESSRALLA PA-C	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	JESSICA WOOD PA-C	405 PROMENADE STREET, SUITE A 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**

MARC BIALEK 405 PROMENADE STREET, SUITE A 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 30 Day of June, 2021 at 10:40:46 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 MARC BIALEK  
Signature of Authorized Person

Revised 09/07

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