



**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

**Foreign Non-Profit  
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.** 001681441

**2. Name of Corporation** American Society of Health-System Pharmacists, Inc. (ASHP)

**3. State of Incorporation**

State: MD

**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: 4500 EAST-WEST HIGHWAY  
SUITE 900

City or Town: BETHESDA State: MD Zip: 20814 Country: USA

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

No. and Street: 4500 EAST-WEST HIGHWAY  
SUITE 900

City or Town: BETHESDA State: MD Zip: 20814 Country: USA

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

TO ADVANCE AND SUPPORT THE PROFESSIONAL PRACTICE OF PHARMACISTS IN  
HOSPITALS AND HEALTH SYSTEMS

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
CEO	PAUL W. ABRAMOWITZ	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
DIRECTOR	KRISTINA L. BUTLER	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
DIRECTOR	NISHAMINY KASBEKAR	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
TREASURER	CHRISTENE M. JOLOWSKY	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
DIRECTOR	LEIGH A. BRISCOE-DWYER	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
DIRECTOR	JAMIE S. SINCLAIR	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
DIRECTOR	JULIE A. GROPPi	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
PRESIDENT	THOMAS J. JOHNSON	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
VICE PRESIDENT	MICHELLE JONES	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 USA
IMMEDIATE PAST PRESIDENT	KATHLEEN S. PAWLICKI	4500 EAST-WEST HIGHWAY, SUITE 900 BETHESDA, MD 20814 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**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**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 4:06:48 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 PAUL W. ABRAMOWITZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07