



State of Rhode Island
Department of State - Business Services Division

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 State

Annual Report for the year: **2021**
 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.

1. Entity ID Number 000304564		2. Exact name of the Corporation Surgical Critical Care Program Directors Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island SCCPDS is dedicated to academic leadership, resources for professional growth, continuing education opportunities, support for incoming SCC professionals, and networking for SCC Program Direct			
4. NAICS Code 813212 - Voluntary Health Organi					
6. Principal Office Address 633 North Saint Clair Street, Suite 2600			City Chicago	State IL	Zip 60611
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Chiu		Vice-President Name Robert Maxwell			
Street Address 22 South Greene Street		Street Address 979 Third Street Suite 401			
City Baltimore	State MD	Zip 21201	City Chatanooga	State TN	Zip 37403
Secretary Name Krista L. Kaups		Treasurer Name Charles A. Adams, Jr.			
Street Address 2823 Fresno St., CRMC, Dept of Surgery 1st FL		Street Address 593 Eddy Street, APC 435			
City Fresno	State CA	Zip 93721	City Providence	State RI	Zip 02903
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 Marc de Moya		Director Name Babak Sarani			
Street Address 8701 Watertown Plank Road		Street Address 2150 Pennsylvania Ave., Suite 6B			
City Milwaukee	State WI	Zip 53226	City Washington	State DC	Zip 20037
Director Name Kimberly A. Davis		Director Name Jermica M. Smith			
Street Address 330 Cedar Street, BB310		Street Address 633 N Satin Clair Street, Suite 2600			
City New Haven	State CT	Zip 06520	City Chicago	State IL	Zip 60611
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 Jermica M. Smtih				Date 11/30/2021	
Signature of Officer/Authorized Representative <i>Jermica M. Smith</i>					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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