



**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: February 1 - May 1*

*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:** 2023

**1. Corporate ID No.** 001684385

**2. Name of Corporation** URI PPAG

**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

813920

**4. Principal Office Address**

No. and Street: 7 GREENHOUSE ROAD

AVEDISIAN HALL

City or Town: KINGSTON

State: RI Zip: 02881 Country: USA

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

WE ARE THE UNIVERSITY OF RHODE ISLAND STUDENT CHAPTER OF THE NATIONAL PPAG. WE PLAN TO OPEN A BANK ACCOUNT FOR THE PURPOSES OF FUNDRAISING, DOING COMMUNITY PEDIATRIC OUTREACH, AND OVERALL ADVOCATING FOR THE FUTURE OF PEDIATRIC PHARMACY.

**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
DIRECTOR	KELLY MATSON DR.	7 GREENHOUSE ROAD KINGSTON, RI 02881 USA
DIRECTOR	ASTRID KUGENER	83 FAIRMONT AVE NEWTON, MA 02458 USA
DIRECTOR	KATELYN CHOINIÈRE	20 BRADFORD DRIVE LINCOLN, RI 02865 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**

DR. KELLY MATSON 7 GREENHOUSE ROAD KINGSTON , RI 02881

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

**Signed this 2 Day of March, 2023 at 7:11:43 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 KATELYN CHOINIÈRE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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