



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 - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000072305

2. Name of Corporation Society for the Study of Male Reproduction

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: ONE PARK ROW, SUITE 300

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

ENCOURAGE THE STUDY, TO IMPROVE THE PRACTICE, AND TO ELEVATE THE QUALITY OF THE CARE OF THE SUBFERTILE MALE.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	CIGDEM TANRIKUT MD	2021 K ST NW, 7TH FLOOR WASHINGTON, DC 20037 US
EXECUTIVE DIRECTOR	HEATHER SWANSON	1100 E. WOODFIELD RD., STE. 350 SCHAUMBURG, IL 60173 USA
TREASURER	JAMES M DUPREE IV, MD, MS	2800 PLYMOUTH RD, BLDG 16 ANN ARBOR, MI 48109 USA
VICE PRESIDENT	KATHLEEN HWANG MD	3471 5TH AVE, STE 700 PHILADELPHIA, PA 15213 USA
DIRECTOR	TOLULOPE BAKARE MD	1400 N COIT RD, STE 302 MCKINNEY, TX 75071 USA
PRESIDENT	JAMES M HOTALING MD, MS	50 NORTH MEDICAL DR SALT LAKE CITY, UT 84123 USA
DIRECTOR	AKANKSHA MEHTA MD, MS	1365 CLIFTON RD NE, BLDG B, STE 1400 ATLANTA, GA 30322 US
DIRECTOR	DAVID SHIN	360 ESSEX ST., SUITE 403 HACKENSACK, NJ 07601 USA
DIRECTOR	JAMES F. SMITH	400 PARNASSUS, A643 SAN FRANCISCO, CA 94122 USA
DIRECTOR	KATHLEEN HWANG	3471 5TH AVE., SUITE 700 PITTSBURGH, PA 15213 USA
DIRECTOR	CIGDEM TANRIKUT MD	2021 K ST NW, 7TH FLOOR WASHINGTON, DC 20037 US
DIRECTOR	JAMES M. HOTALING	50 NORTH MEDICAL DRIVE SALT LAKE CITY, UT 84123 USA
DIRECTOR	R. MATTHEW COWARD	170 MANNING DR., BLDG. 2113 CHAPEL HILL, NC 27599 USA
DIRECTOR	JOSEPH P. AKUKAL	161 FORT WASHINGTON AVENUE, FLOOR 11 NEW YORK, NY 10032 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**

DREW P. KAPLAN, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 28 Day of April, 2023 at 11:38:06 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 JAMES M. HOTALING, MD, MS
Signature of Authorized Person

Form No. 631
Revised 09/07

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