



**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 YEAR 2024: 2024

1. Corporate ID No. 000304564

2. Name of Corporation Surgical Critical Care Program Directors Society, Inc.

3. State of Incorporation

State: RI

NAICS CODE

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

813212

4. Principal Office Address

No. and Street: 633 N SAINT CLAIR STREET
SUITE 2600

City or Town: CHICAGO

State: IL Zip: 60611 Country: USA

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

TO PROVIDE A FORUM FOR ITS MEMBERS TO FURTHER THE PROFESSION OF
INSTRUCTING AND TRAINING OTHERS IN SURGICAL CRITICAL CARE

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KRISTA KAUPS	589 E MALLARD CIRCLE FRESNO, CA 93730 USA
TREASURER	MARC DE MOYA	8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226 USA
PAST PRESIDENT	ROBERT MAXWELL	979 EAST THIRD STREET CHATTANONOA, TN 37403 USA
VICE PRESIDENT	CHARLES ADAMS JR.	593 EDDY STREET(APC 435) PROVIDENCE, RI 02903 USA
DIRECTOR	NIELS MARTIN	51 N. 39TH STREET PHILADELPHIA, PA 19104 USA
DIRECTOR	BABAK SARANI	2150 PENNSYLVANIA AVE. STE 6B WASHINGTON, DC 20037 USA
DIRECTOR	PAULA FERRADA	4210 MONUMENT AVE RICHMOND, VA 23230 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

WILLIAM G. CIOFFI, M.D. 593 EDDY STREET 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 22 Day of January, 2024 at 3:20:17 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 JERMICA SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07