

**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.** 000113644**2. Name of Corporation** The Rhode Island Medical Society**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

813920**4. Principal Office Address**No. and Street: 225 DYER STREET, 2ND FLOORCity or Town: PROVIDENCEState: RI Zip: 02903 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**PHYSICIAN MEMBER ORGANIZATION**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	HEATHER SMITH, MD	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
TREASURER	MATTHEW SMITH MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
SECRETARY	MARIAH STUMP, MD	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
VICE PRESIDENT	DINA HIMELFARB	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
CHAIR OF THE PUBLIC LAWS COMMITTEE	MICHAEL E. MIGLIORI MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
AMA DELEGATE	PETER A. HOLLMANN MD	405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908 USA
EXECUTIVE DIRECTOR	STACY PATERNO	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
VICE PRESIDENT	KARA STAVROS, MD	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
DIRECTOR	MEENA THEVA MD	405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908 USA
DIRECTOR	KEITH CALLAHAN MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	ANDREW EVANS MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	CHARLES ADAMS, MD	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
DIRECTOR	LIZA AGUIAR, MD	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
DIRECTOR	KEITH CALLAHAN, MD	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 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**

STACY PATERNO 405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908

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

Signed this 16 Day of May, 2024 at 9:08:29 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 STACY PATERNO
Signature of Authorized Person

Form No. 631
Revised 09/07

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