



**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 2025:** 2025

**1. Corporate ID No.** 000090416

**2. Name of Corporation** American Academy of Pediatrics - RI Chapter

**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: 299 MAJOR POTTER ROAD

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

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

TO PROMOTE THE HEALTH, SOCIO-ECONOMIC AND PSYCHOLOGICAL WELL BEING OF CHILDREN AND THEIR FAMILIES

**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
PRESIDENT	PETER POGACAR MD	58 HYLAND AVENUE EAST GREENWICH, RI 02818 USA
TREASURER	SARA FORD MD	THE CORO CENTER ONE HOPPIN STREET SUITE 304 PROVIDENCE, RI 02903 USA
SECRETARY	SHUBA KAMATH MD	24 TOWNSEND STREET BARRINGTON, RI 02806 USA
OTHER OFFICER	JENNIFER MANN	299 MAJOR POTTER ROAD WARWICK, RI 02886 UNI
VICE PRESIDENT	SCOTT RIVKEES MD	67 3RD STREET NEWPORT, RI 02840 USA
DIRECTOR	EMILY ALLEN MD	THE CORO CENTER ONE HOPPIN STREET SUITE 305 PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM HOLLISHEAD MD	123 MARTIN STREET REHOBOTH , MA 02769 USA
DIRECTOR	CHANDAN LAKHIANI MD	24 WINDSONG ROAD CUMBERLAND , RI 02864 USA
DIRECTOR	ELIZABETH LANGE MD	900 WARREN AVENUE SUITE 200 EAST PROVIDENCE , RI 02914 USA
DIRECTOR	KRISTIN LOMBARDI MD	THE CORO CENTER ONE HOPPIN STREET SUITE 304 PROVIDENCE , RI 02903 USA
DIRECTOR	ALIS CLYNE MD	40 BELLEWOOD COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SUSAN DUFFY MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	GREGORY FOX MD	290 HOPE STREET BRISTOL, RI 02809 USA
DIRECTOR	ALLISON BRINDLE MD	75 RED BARN LANE EAST GREENWICH, RI 02818 USA
DIRECTOR	PATRICIA FLANAGAN MD	1425 DIPLOMAT DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	NATALIE GOLOVA MD	17 STONE TOWER LANE BARRINGTON , RI 02806 USA
DIRECTOR	ALLISON HEINLY MD	3 BITTERSWEET COURT BARRINGTON , RI 02806 USA
DIRECTOR	PAMELA HIGH MD	6 BARBERRY HILL STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JENNIFER MANN MD	299 MAJOR POTTER ROAD WARWICK , RI 02886 USA
DIRECTOR	KAREN MAULE MD	33 BEACH ROAD BRISTOL , RI 02809 USA
DIRECTOR	BETH TOOLIN MD	116 FOSDYKE STREET PROVIDENCE , RI 02906 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**

JENNIFER L. MANN 299 MAJOR POTTER ROAD WARWICK , RI 02886

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

**Signed this 21 Day of January, 2025 at 6:23:31 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 JENNIFER MANN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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