



**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. 000029592

2. Name of Corporation Rhode Island Chapter of the American College of Physicians

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: 33 ANNAWAMSCUTT ROAD

City or Town: BARRINGTON

State: RI Zip: 02806 Country: USA

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

TO EXPLORE ADVANCES IN INTERNAL MEDICINE AND ITS SUBSPECIALTIES,
EXAMINE CURRENT MEDICAL RESEARCH, AND IDENTIFY AND EVALUATE
ETHICAL ISSUES IN THE FIELD OF MEDICINE.

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	KWAME DAPAAH-AFRIYIE MD	THE MIRIAM HOSPITAL PROVIDENCE,, RI 02906 USA
TREASURER	ANKUR SHAH	KENT HOSPITAL WARWICK, RI 02886 USA
DIRECTOR	FRED SCHIFFMAN MD	MIRIAM HOSPITAL PROVIDENCE, RI 02906 USA
DIRECTOR	AUDREY KUPCHAN MD	9 STRAWBERRY LANE BARRINGTON, RI 02806 USA
DIRECTOR	THOMAS BLEDSOE MD	375 WAMPANOAG TRAIL E. PROVIDENCE, RI 02915 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

KWAME DAPAAH-AFRIYIE, MD 164 SUMMIT AVENUE C/O MIRIAM HOSPITAL PROVIDENCE , RI 02906

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

Signed this 3 Day of February, 2025 at 2:00:34 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 RONI S PHIPPS
Signature of Authorized Person

Form No. 631
Revised 09/07

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