



**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.** 001663984

**2. Name of Corporation** Brown Dermatology, 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

622310

**4. Principal Office Address**

No. and Street: 593 EDDY STREET-APC10

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

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

TO PROMOTE HEALTH BY PROVIDING CLINICAL AND MEDICAL CARE TO PATIENTS AS THE FACULTY GROUP PRACTICE ORGANIZATION FOR THE DEPARTMENT OF DERMATOLOGY AT THE WARREN ALPERT MEDICAL SCHOOL AT BROWN UNIVERSITY (ALPERT MEDICAL SCHOOL); TO OPERATE THE CLINICAL AND PATIENT CARE SERVICES OF THE FACULTY GROUP PRACTICE ORGANIZATION FOR THE BENEFIT AND SUPPORT OF THE TEACHING, RESEARCH, CLINICAL, AND PATIENT CARE MISSIONS OF THE DEPARTMENT OF DERMATOLOGY AT THE ALPERT MEDICAL SCHOOL AND HOSPITALS WITHIN THE

STATE OF RHODE ISLAND THAT ARE AFFILIATED WITH THE ALPERT MEDICAL SCHOOL; TO ENGAGE IN RESEARCH, EDUCATION OF MEDICAL STUDENTS AT THE ALPERT MEDICAL SCHOOL, AND EDUCATION OF MEDICAL SCHOOL GRADUATES IN POSTGRADUATE TRAINING PROGRAMS AT HOSPITALS WITHIN THE STATE OF RHODE ISLAND THAT ARE AFFILIATED WITH THE ALPERT MEDICAL SCHOOL; AND TO PROVIDE ADMINISTRATIVE SERVICES TO THE DEPARTMENT OF DERMATOLOGY AT THE ALPERT MEDICAL SCHOOL AND TO DERMATOLOGY DEPARTMENTS AT HOSPITALS WITHIN THE STATE OF RHODE ISLAND THAT ARE AFFILIATED WITH THE ALPERT MEDICAL SCHOOL.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ABRAR A QURESHI MD,MPH	24 HALLETT HILL ROAD WESTON, MA 02493 USA
TREASURER	ABRAR A QURESHI MD MPH	24 HALLETT HILL ROAD WESTON, MA 02493 USA
SECRETARY	NICOLE GRENIER MD	451 GILBERT STUART ROAD SAUNDERSTOWN, RI 02874 USA
VICE PRESIDENT	SU-JEAN SEO MD	21 BARNES STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MUKESH JAIN MD	580 SOUTH WATER ST. APT 509 PROVIDENCE, RI 02903 USA
DIRECTOR	JON SOLIS MD	1 STARVIEW LANE WESTERLY, RI 02891 USA
DIRECTOR	KIMBERLY A GALLIGAN MBA	50 SPENCER AVENUE EAST GREENWICH, RI 02818 USA
DIRECTOR	SU-JEAN SEO MD	21 BARNES STREET PROVIDENCE, RI 02906 USA
DIRECTOR	LESLIE ROBINSON-BOSTOM	130 GOLDMINE RD GLOCESTER, RI 02814 USA
DIRECTOR	ANGELA CALIENDO MD PHD	390 SHIPPEE ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	CHRISTOPHER DIMARCO MD	38 TAFT AVENUE 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**

MICHAEL A. GAMBOLL, ESQ. PARTRIDGE SNOW & HAHN LLP 40 WESTMINSTER ST SUITE 1100 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 5 Day of March, 2025 at 7:32:42 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 DANIEL LABRADOR, III  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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