



**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:** 2022

**1. Corporate ID No.** 001678111

**2. Name of Corporation** NORTH AMERICAN SOCIETY OF OBSTETRIC MEDICINE

**3. State of Incorporation**

State: RI

**ARTICLE III**

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

**4. Principal Office Address**

No. and Street: 593 EDDY STREET

APC BUILDING, ROOM 424

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

THE PURPOSES OF THE SOCIETY ARE TO: A. PROVIDE AN INTERNATIONAL FORUM FOR CLINICIANS INVOLVED IN THE CARE OF MEDICAL PROBLEMS DURING PREGNANCY TO PRESENT CLINICAL AND BASIC SCIENCE RESEARCH FOR DISCUSSION AND CRITICAL EVALUATION; B. PROVIDE AN INTERNATIONAL FORUM FOR ACADEMIC INTERACTION BETWEEN CLINICIANS AND OTHER RELATED PROFESSIONALS IMPLICATED IN THE MEDICAL CARE OF PREGNANT WOMEN; C. PROMOTE RESEARCH INTERESTS IN OBSTETRIC MEDICINE AND FOSTER COLLABORATIVE EFFORTS; D. PROMOTE THE DEVELOPMENT OF GUIDELINES FOR TRAINING INTERNISTS OR OBSTETRICIANS IN MEDICAL COMPLICATIONS OF PREGNANCY; E. ORGANIZE EDUCATIONAL PROGRAMS TO FURTHER INTERNATIONAL AND REGIONAL EXPERTISE IN MEDICAL PROBLEMS IN PREGNANCY; F. ENCOURAGE

**OBSTETRIC MEDICINE CURRICULUM DEVELOPMENT AT UNDERGRADUATE, GRADUATE AND POST-GRADUATE LEVELS; AND G. FOSTER THE CREATION OF CRITERIA FOR THE RECOGNITION OF SPECIAL COMPETENCE IN THE AREA OF OBSTETRIC 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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL CARSON	1945 RT. 33 NEPTUNE, NJ 07753 USA
TREASURER	JAYSON POTTS	3540 WEST 39TH AVENUE VANCOUVER, BC V6N3A5 CAN
SECRETARY	JAYSON POTTS	3540 WEST 39TH AVENUE VANCOUVER, BC V6N3A5 CAN
VICE PRESIDENT	STEPHEN LAPINSKY	41 PRINCESS ANNE CRES TORONTO, ON M9A2N9 CAN
DIRECTOR	JAYSON POTTS	3540 WEST 39TH AVENUE VANCOUVER, BC V6N3A5 CAN
DIRECTOR	STEPHEN LAPINSKY	41 PRINCESS ANNE CRES TORONTO, ON M9A2N9 CAN
DIRECTOR	MICHAEL CARSON	1945 RT. 33 NEPTUNE, NJ 07753 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**

BERNARD A POIRIER, CPA 469 CENTERVILLE ROAD, SUITE 203 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 July, 2022 at 10:11:23 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 APC BUILDING, ROOM 424  
Signature of Authorized Person

Form No. 631  
Revised 09/07