



**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 FILING YEAR 2023: 2023**

**1. Corporate ID No.** 000031050

**2. Name of Corporation** Rhode Island Society of Pathologists

**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

611310

**4. Principal Office Address**

No. and Street: 101 DUDLEY STREET

DEPARTMENT OF PATHOLOGY

City or Town: PROVIDENCE

State: RI Zip: 02905 Country: USA

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

SOCIETY OF PATHOLOGISTS IN THE STATE OF R.I.

**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	RICKY D GRISSON II	593 EDDY ST, APC 12 PROVIDENCE, RI 02903 USA
TREASURER	HABIBE KURT	593 EDDY ST, APC 12 PROVIDENCE, RI 02903 USA
DIRECTOR	HABIBE KURT	593 EDDY ST, APC 12 PROVIDENCE, RI 02903 USA
DIRECTOR	SARA MALEKI	593 EDDY ST - APC 12 PROVIDENCE, RI 02903 USA
DIRECTOR	RICKY D GRISSON	593 EDDY ST - APC 12 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**

SARA MALEKI 101 DUDLEY STREET DEPARTMENT OF PATHOLOGY PROVIDENCE , RI 02905

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

**Signed this 17 Day of August, 2023 at 5:07:40 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 RICKY DARNELL GRISSON, II  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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