

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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).										
1. Corporate ID No.	2. Name of Co	2. Name of Corporation									
106918	South Cou	South County Independent Physicians Association, Inc.									
3. State of Incorporation	1 "	ddress in Rhode Island - Street	Adáress	City	Zīр						
Rhode Island	100 Kenyo	on Avenue		Wakefield	02879						
5. Foreign corporation. Ent	er principal office addr	ess	City:	Slette	Zip						
6. Brief Description of the cha	racter of the affairs whi	ich are aethally conducted in I	Rhode Island		L						
To arrange for the prov	vision of health ca	re services by participat	ting providers, to provide gro	our purchasing and other va	alue added services for						
physicians.			<i>TTACHMENT)</i> FILE IN SP								
Prosident Name			Vice President Name								
Elizabeth Conklin, M	D		Robert Risica, MD	Robert Risica, MD							
Street Address	*** ***********************************		Street Address								
100 Kenyon Avenue			100 Kenyon Avenue								
City	State	Zip	Сйу	State	Zip						
Wakefield	RI	02879	Wakefield	RI	02879						
Secretary Name	Secretary Name			Treasurer Name							
n/a			n/a								
Street Address			Street Address								
n/a			n/a								
City	State	Ζip	City	Siale	Zip						
n/a	n/a	n/a	n/a	n/a	n/a						
8. NAMES AND ADDRE	SSES OF THE DII	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SP	ACES BEFORE USING ATT	ACHMENTS						
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHAL</u>	L <u>NOT BE LESS THAN THE</u>	EE (3). R.I.G.L. 7-6-25						
Director Name			Director Name								
Robert Marchand, MD			Robert Maltz, MD	Robert Maltz, MD							
Street Address			Street Address								
100 Kenyon Avenue			100 Kenyon Aven	ue							
Сіту	State	Zip	Gtty:	State	Zip						
Wakefield	RI	02879	Wakefield	RI	02879						
Director Name			Director Name								
William Sabina, MD											
Street Arkliness			Street Address								
100 Kenyon Avenue											
City	State	Ζίρ	City	State	Zip						
Wakefield	RI	02879	1								
9. REGISTERED AGENT	IN RHODE ISLA	ND - DO NOT ALTER -	Changes require filing of F	orm 641 - R.I.G.L. 7-6-13	/ 7-6-78						
			Address								
**			i								
**			i								
Agent Name Louis R. Giancola Address			Cit _j ·	Zip							

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Elizabeth Conklin, MD

Print or Type Name of Officer

President, South County IPA, Inc.

Title of Officer