

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 2009

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

\* In accordance with 50 c 65 55 60

to a penalty fee of \$25.00.						
1. Corporate ID No.		2. Name of Corporation				
157028		Watch Hill Medical Associates				
3. State of Incorporation	4. Corporate add	4. Corporate address in Rhode Island - Street Address P.O. Box 2177 Westerly			Zip	
Rhode Island	P.O. Box 21	P.O. Box 2177			02891	
5. Foreign corporation. Ente	er principal office addres.	S	City	State	Zip	
6. Brief Description of the char	acter of the affairs which	are actually conducted in Rh	oode Island			
Walk-In medical service	es in the Watch Hil	I area of Westerly, RI				
			THE CARRENTS TO PILL IN CO.	CES DEFODE HISING AT	TACHMENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT			Vice President Name	CES BEFORE COING A	THOMAS TO	
President Name			None.			
Christopher Lehrach, M.D.			Street Address			
Street Address			Street Address			
P.O. Box 2177	T Charter	Zip	City	State	Ζiþ	
City	State	02891	Gily		[ .	
Westerly	[17]	102091	Treusureт Name			
Secretary Name			Frederick Jaccarino, M.D.			
William Conlin, M.D.			Street Address			
Street Address P.O. Box 2177			P.O. Box 2177			
City	State	Zip	Cit)	State	Zip	
,	RI	02891	Westerly	l RI	02891	
Westerly	IN PRINCE OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SP	•	TTACHMENTS	
THE NUMBER OF DIE	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN T	HREE (3). R.I.G.L. 7-6-23	
Director Name			ND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23    Director Name			
			William Conlin, M.D.			
Christopher Lehrach, M.D.  Street Address			Street Address			
P.O. Box 2177			P.O. Box 2177			
City	State	Zip	City	State	Zip · ·	
Westerly	RI	02891	Westerly	RI	02891	
Director Name		02001	Director Name			
Frederick Jaccarino,	. M.D.		ļ			
Street Address			Street Address			
P.O. Box 2177			l		* <u> </u>	
City	State	Zip	City	State	Zip N	
Westerly	RI	02891	1			
9. REGISTERED AGEN	T IN RHODE ISLA	ND - DO NOT ALTER -	Changes require filing of	Form 641 - R.I.G.L. 7-6	-13 / 7-6-78 📆	
Agent Name			Address		**	
Gerard R. Goulet, E	sq.					
Address			City	Zip		
50 Kennedy Plaza, Ste. 1500			Providence	0:	2903	
<del>`</del>	<del></del>			a	D Tm	
This report	must be signed by	either the President, Vic	ce President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee	

1 5 7 0 2 8	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
File Date FILED  Check No. JUN 11 2009 72: 2: 4: 11 NOT 0.37	Signature of Officer  Con Lin HD		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  SERETARY  Title of Officer  Form 631 Rev. 12/06		