RI SOS Filing Number: 200947989770 Date: 07/03/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 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 Corporation		
14561	Associated Physicians of Harvard Medical Faculty Physicians, Inc.		
3. State of Incorporation: MA	4. Corporate address in Rhode Island - Street Address: 115 Cass Ave. (Landmark Medical Ctr.)	City: Woonsocket	Zip: 02895
5. **Foreign corporation.** Enter principal office address: 375 Longwood Av., 3rd Fl.	City: Boston	State: MA	Zip: 02215

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island:
PROVIDE MEDICAL SERVICES and improve the health of patients at the LANDMARK MEDICAL center and others

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Stuart Rosenberg, M.D.			Vice President Name:		
Street Address: 375 Longwood Ave., 3rd Fl.			Street Address:		
City: Boston	State: MA	Zip: 02215	City:	State:	Zip:
Secretary Name: Richard Wolfe, M.D.			Treasurer Name: John KROUSKOS		
Street Address: 375 Longwood Ave., 3rd Fl.			Street Address: 375 Longwood Ave., 3rd Fl.		
City: Boston	State: MA	Zip: 02215	City: Boston	State: MA	Zip: 02215

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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 — *Date*: 6/17/09

John KROUSKOS
Print or Type Name of Officer

[redacted]
TREASURER
Title of Officer

File Date	FILED
Check No.	JUL 03 2009
By:	By 5403

FOR SECRETARY OF STATE USE ONLY

35703-9-404535

Form 631 Rev. 09/17