

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.I., 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.I., 7-6-91) is subject to a penalty fee of \$25.00.

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1. Corporate ID No	2. Name of Cor	2. Name of Corporation						
149974	Roger Willi	Roger Williams Medical Associates, Inc.						
3. State of Incorporation	4. Corporate ac	4. Corporate address in Rhode Island - Street Address City Zip						
Rhode Island		825 Chalkstone Avenue			02908			
5. Foreign corporation. Em	ter principal office addre	WS	City	State	Zip			
N/A								
6. Brief Description of the cha	nactor of the affairs whi	ch are actually conducted in F	Bode Island	, , , , , , , , , , , , , , , , , , , ,				
ROGER WILLIAMS M	EDICAL CENTER	THROUGH ARRANGE	D RELATED HEALTHCARE EMENTS WITH HEALTH CAR (TTACHMENT)   FILL IN SPA	RE PROFESSIONALS				
President Name			Vice President Name					
Kenneth H. Belcher			None					
Street Address		····	Street Address					
825 Chalkstone Ave	nue							
City	State	Ζip	СИУ	State	Zip			
Providence	RI	02908						
Secretary Name			Treasurer Name					
Gary R. Pannone, Es	sq.		Adozinda Kane					
Street Address 317 Iron Horse Way - Suite 301			Street Address 825 Chalkstone Avenue					
City	State	Zip	CHV	State	Zip			
Providence	RI	02908	Providence	RI	02908			
8. NAMES AND ADDRI	ESSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPA	ACES BEFORE USING ATTA	ACHMENTS			
			ND) CORPORATION SHALL					
Director Name			Director Name					
Adozinda Kane			Domenic DeCristofano					
Street Address			Street Address					
825 Chalkstone Avei	nue		825 Chalkstone Avenue					
City	State	Zip	City	State	Zip			
Providence	RI	02908	Providence	RI	02908			
Director Name			Director Name					
Kenneth H. Belcher								
Street Address			Street Address					
825 Chalkstone Aver	nue							
City	State	Zip	City	State	Zip			
Providence	RI	02908	<b>I</b>		,			
9. REGISTERED AGENT		ND .		ı	ı			
This information is curre	ently of record in the	e Office of the Secretary of	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1:	3/7-6-78			
This report	must be signed by	either the President, Vic	e President, Secretary, Assista	int Secretary, Treasurer, Rec	civer or Trustee			
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File Date	FILED
Check No	JUL 0 3 2009
Ву:В	v 227956
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Under	penalty of	perjury, I declare	and affirm	that I have	examined this
report,	including a	ny accompanying	schedules	and statemer	its, and that a!!
statem	ents contain	ed herein are true	and correc	t.	

Klapilal spijos

Kenneth H. Belcher Print or Type Name of Officer

President and CEO

Title of Officer