



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  
401.222.3010

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

**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.<br><b>75733</b>                                                                                                          |                    | 2. Name of Corporation<br><b>Southern New England Physician-Hospital Organization, Inc.</b> |                                                   |                         |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                             |                    | 4. Corporate address in Rhode Island - Street Address<br><b>25 Wells Street</b>             |                                                   | City<br><b>Westerly</b> | Zip<br><b>02891</b> |
| 5. Foreign corporation. Enter principal office address                                                                                       |                    |                                                                                             |                                                   | City                    | State               |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island                                            |                    |                                                                                             |                                                   |                         |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                    |                                                                                             |                                                   |                         |                     |
| President Name<br><b>Charles Kinney</b>                                                                                                      |                    |                                                                                             | Vice President Name<br><b>Jeffery Feldman, MD</b> |                         |                     |
| Street Address<br><b>25 Wells Street</b>                                                                                                     |                    |                                                                                             | Street Address<br><b>25 Wells Street</b>          |                         |                     |
| City<br><b>Westerly</b>                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02891</b>                                                                         | City<br><b>Westerly</b>                           | State<br><b>RI</b>      | Zip<br><b>02891</b> |
| Secretary Name<br><b>Jon Solis, MD</b>                                                                                                       |                    |                                                                                             | Treasurer Name<br><b>Jeanne LaChance</b>          |                         |                     |
| Street Address<br><b>25 Wells Street</b>                                                                                                     |                    |                                                                                             | Street Address<br><b>25 Wells Street</b>          |                         |                     |
| City<br><b>Westerly</b>                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02891</b>                                                                         | City<br><b>Westerly</b>                           | State<br><b>RI</b>      | Zip<br><b>02891</b> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br><b>Charles Kinney</b>                                                                                                       |                    |                                                                                             | Director Name<br><b>Jeffery Feldman, MD</b>       |                         |                     |
| Street Address<br><b>25 Wells Street</b>                                                                                                     |                    |                                                                                             | Street Address<br><b>25 Wells Street</b>          |                         |                     |
| City<br><b>Westerly</b>                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02891</b>                                                                         | City<br><b>Westerly</b>                           | State<br><b>RI</b>      | Zip<br><b>02891</b> |
| Director Name<br><b>Jon Solis, MD</b>                                                                                                        |                    |                                                                                             | Director Name<br><b>Jeanne LaChance</b>           |                         |                     |
| Street Address<br><b>25 Wells Street</b>                                                                                                     |                    |                                                                                             | Street Address<br><b>25 Wells Street</b>          |                         |                     |
| City<br><b>Westerly</b>                                                                                                                      | State<br><b>RI</b> | Zip<br><b>02891</b>                                                                         | City<br><b>Westerly</b>                           | State<br><b>RI</b>      | Zip<br><b>02891</b> |
| 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

75733

|                                 |                  |
|---------------------------------|------------------|
| File Date                       | <b>6-28-2010</b> |
| Check No.                       | <b>2254</b>      |
| By:                             | <b>mnc</b>       |
| FOR SECRETARY OF STATE USE ONLY |                  |

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

**Charles S. Kinney**

Print or Type Name of Officer

**President/CEO**

Title of Officer

Date