



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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000109708

2. Name of Corporation Memorial Hospital of Rhode Island Physicians, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 111 BREWSTER STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ARRANGE FOR STAFFING TO HEALTH CLINICS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARTIN E TURSKY	111 BREWSTER ST PAWTUCKET, RI 02860 USA
TREASURER	WILLIAM M KAPPOS	295 EAST AVENUE PAWTUCKET, RI 02860 USA
SECRETARY	EDNA POLIN	68 NOTRE DAME ST CENTRAL FALLS , RI 02860 USA
DIRECTOR	MARTIN E TURSKY	111 BREWSTER ST PAWTUCKET, RI 02860 USA
DIRECTOR	EDNA POLIN	68 NOTRE DAME ST CENTRAL FALLS, RI 02863 USA
DIRECTOR	ROBERT P ANDRADE	1200 CENTRAL AVENUE PAWTUCKET, RI 02861 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

FRANCIS R. DIETZ MEMORIAL HOSPITAL OF RHODE ISLAND 111 BREWSTER STREET PAWTUCKET , RI 02860

Signed this 30 Day of November, 2011 at 3:33:36 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARTIN E TURSKY
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

