



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 75733		2. Exact name of the Corporation Southern New England Physician-Hospital Organization, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Physicians/Hospital Organization			
5. Principal office address 25 Wells Street		City Westerly	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Kinney		Vice-President Name Jeffery Feldman, MD			
Street Address 25 Wells Street		Street Address 25 Wells Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jon Solis, MD		Treasurer Name Jeanne LaChance			
Street Address 25 Wells Street		Street Address 25 Wells Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Charles Kinney		Director Name Jeffery Feldman, MD			
Street Address 25 Wells Street		Street Address 25 Wells Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Jon Solis, MD		Director Name Jeanne LaChance			
Street Address 25 Wells Street		Street Address 25 Wells Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUN 04 2012

File Date _____

Check No _____

By: _____

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.

By *MNC*

CA # 2261

Jeanne LaChance 5/30/12
 Signature of Officer Date

Jeanne LaChance
 Print or Type Name of Officer

Treasurer
 Title of Officer