



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. 551596		2. Exact name of the Corporation Steward Physician Contracting, Inc.			
3. State of Incorporation Massachusetts		4. Brief description of the character of business conducted in Rhode Island TO EMPLOY MID-LEVEL PRACTITIONERS AND OTHER QUALIFIED NON-PHYSICIAN PERSONNEL AND RELATED SERVICES			
5. Principal office address 500 Boylston Street		City Boston	State MA	Zip 02116	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) IN A BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Michael Callum, M.D.			Vice-President Name None		
Street Address 500 Boylston Street			Street Address		
City Boston	State MA	Zip 02116	City	State	Zip
Secretary Name Joseph C. Maher, Jr., Esq.			Treasurer Name James Renna		
Street Address 500 Boylston Street			Street Address 500 Boylston Street		
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (BY BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael Callum, M.D.			Director Name Robert Guyon		
Street Address 500 Boylston Street			Street Address 500 Boylston Street		
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116
Director Name Mark Girard			Director Name		
Street Address 500 Boylston Street			Street Address		
City Boston	State MA	Zip 02116	City	State	Zip
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

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.

243 *[Signature]* **7/2/12**
 Signature of Officer _____ Date _____
 Print of Type Name of Officer
Joseph C. Maher, Jr. Esq.

FILED

JUL 03 2012 Secretary
 Title of Officer

BY **2174219**

SECRETARY OF STATE
CORPORATIONS DIV

**STEWARD PHYSICIAN CONTRACTING, INC.
OFFICERS LIST (CONTINUED)**

NAME	TITLE	ADDRESS
Michael Callum, MD	Chairman	500 Boylston Street Boston, MA 02116