



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

Fee: \$50.00

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

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. ID No. 000305808

2. Exact Name of the Limited Liability Company Beth Israel Deaconess Physician Organization, LLC

3. State of Formation

State: MA

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

HEALTHCARE SERVICES

5. Principal Office Address

No. and Street: 400 BLUE HILL DRIVE, SUITE 2B

City or Town: WESTWOOD

State: MA Zip: 02090 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: CYNTHIA MERRIKIN Contact Title: CONTROLLER

No. and Street: 400 BLUE HILL DRIVE, SUITE 2B

City or Town: WESTWOOD

State: MA Zip: 02090 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	RICHARD WOLFE MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	STEPHEN BOSWELL MD	1340 BOYLSTON STREET BOSTON, MA 02215 USA
MANAGER	DAVID V IVES MD	482 BEDFORD STREET LEXINGTON, MA 02421 USA
MANAGER	JONATHAN KRUSKAL MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	MYECHIA MINTER-JORDAN MD MBA	55 DIMOCK ST

		ROXBURY, MA 02130 USA
MANAGER	MARK ZEIDEL MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	JEFFREY SAFFITZ MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	BRETT A SIMON MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	ROBERT STERN MD	330 BROOKLINE AVENUE BOSTON, MA 02215 USA
MANAGER	GERALD P CORCORAN MD	87 CHESTNUT STREET NEEDHAM, MA 02492 USA
MANAGER	RONALD MARCUS MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	DOMINIC PENNACHIO MD	25 BOYLSTON STREET CHESTNUT, MA 02467 USA
MANAGER	CLIFFORD B SAPER MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	DEWAYNE PURSLEY MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	MARY ANN STEVENSON MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	MARTIN ABRAHAMSON MD	ONE JOSLIN PLACE BOSTON, MA 02215 USA
MANAGER	ELLIOT L CHAIKOF MD, PHD	110 FRANCIS ST BOSTON, MA 02215 USA
MANAGER	STUART ROSENBERG MD	110 FRANCIS STREET BOSTON, MA 02215 USA
MANAGER	LAWRENCE KIDD MD	50 PROSPECT ST LAWRENCE, MA 01841 USA
MANAGER	ELIZABETH KASS MD	1340 BOYLSTON ST BOSTON, MA 02215 USA
MANAGER	JAMES HEFFERNAN MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	DAVID CAMPBELL MD	110 FRANCIS STREET BOSTON, MA 02215 USA
MANAGER	DANA FUGELSO MD	1101 BEACON STREET, SUITE 1W BROOKLINE, MA 02445 USA
MANAGER	CARMEL M KELLY MD	1093 NORTH MAIN STREET RANDOLPH, MA 02368 USA
MANAGER	DANIEL SULLIVAN MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	BRUCE LANDON MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	PETER M MOWSCHENSON MD	1180 BEACON ST. BROOKLINE, MA 02446 USA
MANAGER	MARK GEBHARDT MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	KERRY BLOOMINGDALE MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	STANLEY LEWIS MD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	JON KINGSDALE PHD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	RUSSELL S PHILLIPS MD	330 BROOKLINE AVE BOSTON, MA 02215 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2012 at 5:08:29 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STUART A. ROSENBERG, MD
Signature of Authorized Person

Form No. 632
Revised 09/07

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