



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 **2013**

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. 790649		2. Exact name of the Corporation LMW Physiclans, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To integrate some of the various physicians and healthcare professionals under contract with LMW Healthcare, Inc. into a more efficient and cost effective entity.			
5. Principal office address			City	State	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bruce D. Cummings			Vice-President Name		
Street Address 901 Pequot Avenue			Street Address		
City New London	State CT	Zip 06320	City	State	Zip
Secretary Name Marilyn Malerba			Treasurer Name Ulysses B. Hammond		
Street Address 4 Glen Craig Place			Street Address 8 Susan Terrace		
City Uncasville	State CT	Zip 06382	City Waterford	State CT	Zip 06385
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 Bruce D. Cummings			Director Name Marilyn Malerba		
Street Address 901 Pequot Avenue			Street Address 4 Glen Craig Place		
City New London	State CT	Zip 06320	City Uncasville	State CT	Zip 06382
Director Name Ulysses B. Hammond			Director Name		
Street Address 8 Susan Terrace			Street Address		
City Waterford	State CT	Zip 06385	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.

Signature of Officer *Bruce D. Cummings* Date **6.4.13**
 Print or Type Name of Officer **Bruce D. Cummings**
 Title of Officer **President & CEO**

FILED

JUN 06 2013

BY 10805164