



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. 28447		2. Exact name of the Corporation RWGH Physicians Office Building, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide healthcare services			
5. Principal office address 825 Chalkstone Avenue		City Providence	State RI	Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kenneth H. Belcher		Vice-President Name			
Street Address 825 Chalkstone Avenue		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Gary R. Pannone, Esq.		Treasurer Name Michael E. Conklin, Jr.			
Street Address 317 Iron Horse Way - Suite 301		Street Address 200 High Service Avenue			
City Providence	State RI	Zip 02908	City North Providence	State RI	Zip 02904
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 Kenneth H. Belcher		Director Name Donald C. McQueen			
Street Address 825 Chalkstone Avenue		Street Address 3 Shady Lane			
City Providence	State RI	Zip 02908	City Barrington	State RI	Zip 02806
Director Name Gary R. Pannone, Esq.		Director Name			
Street Address 317 Iron Horse Way - Suite 301		Street Address			
City Providence	State RI	Zip 02908	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

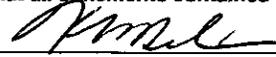
FILED

JUN 24 2013

By 49-200297

A.A.

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.

 6-21-13

Signature of Officer Date

Kenneth H. Belcher

Print or Type Name of Officer

President and CEO

Title of Officer