

## 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.

, Entity ID No.	2. Exact na	me of the Corporation				
28447	RWGH	RWGH Physicians Office Building, Inc.				
State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	To pro	vide healthcare s	ervices			
Principal office address			City	State	Zip	
25 Chalkstone Ave	nue		Providence	RI	02908	
LIST ALL OFFICERS (	NAMES AND ADD	RESSES) ("X" BOX F	OR ATTACHMENT)			
esident Name			Vice-President Name			
enneth H. Belcher			•			
reet Address			Street Address			
25 Chalkstone Ave	nue					
ity	State	Zip	City	State	Zip	
rovidence	RI	02908		İ		
ecretary Name			Treasurer Name		1	
ary R. Pannone, Es	sq		Michael E. Conklin, Jr.			
reet Address			Street Address			
17 Iron Horse Way	- Suite 301		200 High Service Avenue	ue		
ty	State	Zip	City	State	Zips co	
rovidence	RI	02908	North Providence	RI	( <b>£2904</b> ⊃ m	
LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT)	DRESSES). RHODE IS	ELAND CORPORATIONS MUST LIST	T NO LESS THAN	THREE (3) (3) (3)	
rector Name			Director Name N			
enneth H. Belcher			Donald C. McQueen  Street Address 3 Shady Lane			
reet Address						
25 Chalkstone Ave	nue		3 Shady Lane		₹ 55°	
у	State	Zip	City	State		
rovidence	RI	02908	Barrington	RI	02806⋜≧	
ector Name			Director Name		<del>- w - m</del>	
ary R. Pannone, Es	q.					
eet Address 17 Iron Horse Way	· Suite 301		Street Address			
ly	State	Zip	City	State	Zip	
ovidence	Ri	02908				
REGISTERED AGENT II	RHODE ISLAND				<del> </del>	
s information is curren	tly of record in the	Office of the Secret	ary of State. Changes require filing f	Form 641.	• • • • • • • • • • • • • • • • • • • •	
			resident, Secretary, Assistant Secretary		iver or Trustee	
,	<u> </u>	2 22.11, 27.20	in a continuity, recommendation	,,		

File Date		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.	
Check No		Ifmel	6-21-13
Ву:	FILED	Signature of Officer	Date
FOR SECRETARY OF STATE USE ONLY	, ,	Kenneth H. Beicher	
TON SECRETARY OF STATE USE ONLY	JUN 2 4 2013	Print or Type Name of Officer	
Form No. 631	49-20297	President and CEO	
Revised: 05/2012	1-1- awar.	Title of Officer	