



**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: 2013

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: Contact Title:

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	CHRISTINA SEVERIN	400 BLUE HILL DR, SUITE 2B WESTWOOD, MA 02090 USA
MANAGER	STUART A ROSENBERG MD	110 FRANCIS ST, SUITE 4B BOSTON, MA 02215 USA
MANAGER	KEVIN TABB MD	330 BROOKLINE AVE, SUITE 230 BOSTON, MA 02215 USA
MANAGER	STEVEN FISCHER	330 BROOKLINE AVE, STONEMAN BLDG, SUITE 207 BOSTON, MA 02215 USA
MANAGER	ELIZABETH KASS MD	1340 BOYLSTON ST

		BOSTON, MA 02215 USA
MANAGER	KATY COUGHLIN MS	330 BROOKLINE AVE, REN 5 BOSTON, MA 02215 USA
MANAGER	DAVID V IVES MD	482 BEDFORD ST LEXINGTON, MA 02420 USA
MANAGER	JON KINGSDALE PHD	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	KENNETH LEIBLER	100 FRANKLIN ST, SUITE 400 BOSTON, MA 02110 USA
MANAGER	STANLEY M LEWIS MD	330 BROOKLINE AVE, STONEMAN BLDG, SUITE 215 BOSTON, MA 02215 USA
MANAGER	PETER MOWSCHENSON MD	1180 BEACON ST, SUITE 6B BROOKLINE, MA 02446 USA
MANAGER	DOMINIC PENNACHIO MD	25 BOYLSTON ST, SUITE 204 CHESTNUT HILL, MA 02467 USA
MANAGER	LAWRENCE D RAMUNNO MD, MPH	330 BROOKLINE AVE, SUITE 214A BOSTON, MA 02215 USA
MANAGER	KENNETH SANDS MD, MPH	330 BROOKLINE AVE, SUITE 205 BOSTON, MA 02215 USA
MANAGER	MARY ANN STEVENSON MD, MPH	330 BROOKLINE AVE, FINARD BASEMENT 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. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 6 Day of August, 2013 at 10:56:37 AM 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 ROSENBERG, MD
Signature of Authorized Person

Form No. 632
Revised 09/07