



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 64299		2. Exact name of the Corporation Lifespan Risk Services, Inc.			
3. Principal office address 167 Point Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-444-8273		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Providing incident and claim review and risk management services to health care entities and physicians.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joan Flynn		Vice-President Name			
Street Address 167 Point Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Kenneth E. Arnold		Treasurer Name Mary A. Wakefield			
Street Address 593 Eddy Street		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kenneth E. Arnold		Director Name Joan Flynn			
Street Address 593 Eddy Street		Street Address 167 Point Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Mary A. Wakefield		Director Name Frederick Macri			
Street Address 593 Eddy Street		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Kenneth E. Arnold
Signature of Authorized Representative

MARCH 19, 2014
Date

Kenneth E. Arnold

Print or Type Name of Authorized Representative

FILED
MAR 21 2014
49-220504
A.A.