



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000110369

2. Name of Corporation University Medicine Foundation, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 593 EDDY STREET

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ENGAGING IN THE PRACTICE OF MEDICINE FOR PATIENTS OF ANY HOSPITAL
AFFILIATED WITH LIFESPAN CORPORATION AND ELSEWHERE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LOUIS RICE MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
TREASURER	RICHARD MILLMAN MD	593 EDDY STREET PROVIDENCE, RI 02903 USA

SECRETARY	RICHARD MILLMAN MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	ANGELA CALIENDO MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN OBELL MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SYBIL CINEAS , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN MURPHY MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JEROME LARKIN MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	GLENN TUNG MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	GEETHA GOPALA KRISHNAN MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	EDWARD STULIK , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CURT BECKWITH , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	KIM BASU , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	KELLY MCGARRY MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	LOUIS RICE MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ALICE BONITATI MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JENNIFER SALM MD	593 EDDY STREET PROVIDENCE, RI 02903 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHAEL G. TAUBER, ESQ. 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of June, 2014 at 4:37:53 PM 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 § 7-6.

By LOUIS RICE MD
Signature of Authorized Person

