



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

**Foreign Non-Profit
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. 000797714

2. Name of Corporation L&M Physician Association, Inc.

3. State of Incorporation

State: CT

4. Corporate Address in Rhode Island

No. and Street: 365 MONTAUK AVENUE

City or Town: NEW LONDON

State: RI Zip: 06320 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

TO PRACTICE MEDICINE AND PROVIDE HEALTH CARE SERVICES TO THE PUBLIC AS A MEDICAL FOUNDATION WITHIN THE HEALTH CARE DELVIERY SYSTEM ADMINSTERED BY LAWRNECE + MEMORIAL CORPORATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	BRUCE D. CUMMINGS	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
EXECUTIVE DIRECTOR	PAMELA KANE	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	ROBERT CIOTOLA MD	2 INDUSTRIAL PARKWAY LEDYARD, CT 06339 USA

DIRECTOR	BRENDA APPLGATE MD	21 LINDROSS LANE WATERFORD, CT 06385 USA
DIRECTOR	JON GAUDIO MD	393 FISHTOWN ROAD MYSTIC, CT 06355 USA
DIRECTOR	PAUL BOURGUIGNON MD	156 LAMBTOWN ROAD LEDYARD, CT 06339 USA
DIRECTOR	ANTONIO TOLEDO MD	14 FARMSTEAD LANE WATERFORD, CT 06385 USA
DIRECTOR	ANTHONY CARTER MD	194 HOWARD STREET NEW LONDON, CT 06320 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**

STEPHEN D. ZUBIAGO, ESQ. NIXON PEABODY LLP ONE CITIZENS PLAZA, SUITE 500
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 27 Day of June, 2014 at 10:08:55 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 § 7-6.*

By MAUREEN ANDERSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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