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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
86893	Lifespan Physicians IPA, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	To arrange for the delivery of health care services through contracts with physicians.

5. Principal office address	City	State	Zip
593 Eddy Street	Providence	RI	02903

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Lewis Weiner, M.D.	One Davol Square	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Robert Bahr, M.D.	150 East Manning Street	Providence	RI	02906

Secretary Name	Street Address	City	State	Zip
William Connell, M.D.	294 Valley Road-2	Middletown	RI	02842

Treasurer Name	Street Address	City	State	Zip
William Connell, M.D.	294 Valley Road-2	Middletown	RI	02842

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name	Street Address	City	State	Zip
Lewis Weiner, M.D.	One Davol Square	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Robert Bahr, M.D.	150 East Manning Street	Providence	RI	02906

Director Name	Street Address	City	State	Zip
William Connell, M.D.	294 Valley Road-2	Middletown	RI	02842

Director Name	Street Address	City	State	Zip
James Ross, M.D.	1180 Hope Street	Bristol	RI	02809

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

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By: _____
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12.45

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.

Signature of Officer or Authorized Representative — Date 12/18/14

Lewis Weiner, M.D.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

LIFESPAN PHYSICIANS IPA, INC.
Corp. ID # 86893
2014

7. List of Directors (continued)

Gary Bubly, M.D. 164 Summit Avenue Providence, RI 02906	Peter Margolis, M.D. 33 Staniford Street Providence, RI 02905	Kwame Dapaah Afriyie, M.D. 164 Summit Avenue Providence, RI 02906
Silvia Degli-Esposti, M.D. 146 West River Street-11C Providence, RI 02904	E. Bradley Miller, M.D. 450 Veterans Memorial Pkwy. East Providence, RI 02915	Warren Licht, M.D. 909 North Main St.-300 Providence, RI 02904