

JAIL 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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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

00043305	2. Exact nam Women	e of the Corporation & Infants Physic			
Principal office address 10 Dudley Street	cipal office address Dudley Street		City Providence	State RI	7ip 02905
Business Phone No. 11-274-1122, Ext. 42067			5. State of Incorporation Rhode Island		
o arrange for the pro	ovision of me	conducted in Rhode Island dical care services w			or market and the second
	NES AND ADOR	Land Committee Land C			
sident Name Lichard K. Ohnmacht, MD			Jane Sharp, MD		
eet Address 145 Reservoir Aven	ue		Street Address 297 Promenade S	Street	
y Cranston	State RI	Zip 02920	City Providence	State RI	^{Zip} 02908
cretary Name ane M. Dennison, M			Treasurer Name Domenic Delmonico		
eet Address 34 Maple Avenue			Street Address 45 Willard Avenue		
y Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02905
IST ALL DIRECTORS (N	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	:	· · · · · · · · · · · · · · · · · · ·
ector Name ark Macantano	or Name		Peter T. Yasigian, MD		
eet Address 01 Dudley Street			Street Address 2 Meehan Lane		
rovidence	State RI	Zip 02905	City Cumberland	State RI	Zip 02864
rector Name Tolga Kokturk, MD			Director Name James A. Padbury, MD		
reet Address 555 Broad Street			Street Address 101 Dudley Street		
ty Providence	State RI	Zip 02907	City Providence	State RI	Zip 02905
SHARES AUTHORIZED	 		10. SHARES ISSUED		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
State. Changes require a	n additional filin	e Office of the Secretary g.	4,000	Α	1.00
e Section 9 of instruction	ı sheet.		4,000	В	1.00

File Date		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.		
Check No		Vaneine Delegones	2/23/2015	
Ву:		Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY	FILED	Domenic Delmonico		
FOR SECRETARY OF STATE OOL ONE.		Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012

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Attachment

2015 Annual Report for Women & Infants Physician Hospital Organization, Inc.

Corporate ID No. 000043305

8. Directors (Cont.)

Marc A. Jaffe, MD 38 Amaral Street East Providence, RI 02915

FILED

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