



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 2015

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. 000043305		2. Exact name of the Corporation Women & Infants Physician Hospital Organization, Inc.			
3. Principal office address 101 Dudley Street		City Providence	State RI	Zip 02905	
4. Business Phone No. 401-274-1122, Ext. 42067		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To arrange for the provision of medical care services with various purchasers of services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard K. Ohnmacht, MD			Vice-President Name Jane Sharp, MD		
Street Address 1145 Reservoir Avenue			Street Address 297 Promenade Street		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02908
Secretary Name Jane M. Dennison, MD			Treasurer Name Domenic Delmonico		
Street Address 234 Maple Avenue			Street Address 45 Willard Avenue		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Mark Macantano			Director Name Peter T. Yasigian, MD		
Street Address 101 Dudley Street			Street Address 2 Meehan Lane		
City Providence	State RI	Zip 02905	City Cumberland	State RI	Zip 02864
Director Name Tolga Kokturk, MD			Director Name James A. Padbury, MD		
Street Address 655 Broad Street			Street Address 101 Dudley Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02905
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
			4,000	A	1.00
			4,000	B	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

FILED

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.

Domenic Delmonico 2/23/2015
 Signature of Authorized Representative Date

Domenic Delmonico

Print or Type Name of Authorized Representative

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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

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