



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 2015

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. 000092328		2. Exact name of the Corporation SOUTHCOAST PHYSICIANS GROUP, INC.			
3. State of Incorporation MASSACHUSETTS		4. Brief description of the character of business conducted in Rhode Island TO EMPLOY COMMUNITY PHYSICIANS AND OTHER PRACTITIONERS			
5. Principal office address 101 PAGE STREET		City NEW BEDFORD		State MA	Zip 02740
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KEITH A. HOVAN		Vice-President Name NONE			
Street Address 316 MARY'S POND ROAD		Street Address			
City ROCHESTER	State MA	Zip 02770	City	State	Zip
Secretary Name LINDA BODENMANN		Treasurer Name KRISTOFER LINDEMAN			
Street Address 16 PRINCE SNOW CIRCLE		Street Address 8 WOODSIDE AVENUE			
City MATTAPOISETT	State MA	Zip 02739	City BUZZARDS BAY	State MA	Zip 02532
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name JEAN F. MACCORMACK, CHAIR		Director Name KEITH A. HOVAN			
Street Address 6 WILD PEPPER LANE		Street Address 316 MARY'S POND ROAD			
City SO. DARTMOUTH	State MA	Zip 02748	City ROCHESTER	State MA	Zip 02770
Director Name JASON RUA, VICE CHAIR		Director Name CARLOS A. CORREIA, M.D.			
Street Address 24 KYLE JACOB ROAD		Street Address 1140 HIGHLAND AVENUE			
City NO. DARTMOUTH	State MA	Zip 02747	City FALL RIVER	State MA	Zip 02720
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

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

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

FILED KEITH A. HOVAN, PRESIDENT

Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

JUN 04 2015
BY 246099

ATTACHMENT TO STATE OF RHODE ISLAND
2015 ANNUAL REPORT

SOUTHCOAST PHYSICIANS GROUP, INC.
ENTITY ID NO. 000092328

Directors (Cont'd)

<u>Name</u>	<u>Address</u>
Margaret A. Ferrell, M.D.	309 Hillside Street, Milton, MA 02186
Paul B. Iannini, M.D.	71 Elm Street, S. Dartmouth, MA 02186
Robert McGowan, M.D.	63 Emmons Road, Falmouth, MA 02540
Richard Miller, M.D.	23 Hiller Road, Rochester, MA 02770
Theresa Mulvey, M.D.	152 Adams Street, Milton, MA 02186
Drew L. Nahigyan, M.D.	8 Randall Road, Mattapoisett, MA 02739
Carl Ribeiro	80 Olde Knoll Road, Marion, MA 02738
Warren Wood, M.D., Ex-officio	435 Water Street, Portsmouth, RI 02871

FILED

JUN 04 2015

BY

#246092