



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 2016

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. <b>677872</b>		2. Exact name of the Corporation <b>Blackstone Medical Center, Inc.</b>			
3. Principal office address <b>500 Boylston Street, 5th Floor</b>		City <b>Boston</b>		State <b>MA</b>	Zip <b>02116</b>
4. Business Phone No. <b>617-419-4700</b>		5. State of Incorporation <b>Delaware</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Health Care Services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>See Exhibit A</b>			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>See Exhibit B</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	Common	\$0.01

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

JAN 04 2016

BY Ch 264574

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 Authorized Representative

Date

Print or Type Name of Authorized Representative

**Exhibit A**

**Blackstone Medical Center, Inc.**

**Officers List**

<b>NAME</b>	<b>TITLE</b>	<b>ADDRESS</b>
Ralph de la Torre, MD	President	500 Boylston Street, Boston, MA 02116
Mark Rich	Treasurer	500 Boylston Street, Boston, MA 02116
Joseph C. Maher, Jr., Esq.	Secretary	500 Boylston Street, Boston, MA 02116

**Exhibit B**

**Blackstone Medical Center, Inc.**

**Board of Directors**

<b>NAME</b>	<b>ADDRESS</b>
Ralph de la Torre, MD	500 Boylston Street, Boston, MA 02116
Michael Callum, MD	500 Boylston Street, Boston, MA 02116
Mark Rich	500 Boylston Street, Boston, MA 02116