



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Non-Profit  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000763463

2. Name of Corporation WIH Faculty Physicians, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 101 DUDLEY STREET

City or Town: PROVIDENCE

State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO IMPROVE THE QUALITY OF AND ACCESS TO MEDICAL CARE AVAILABLE TO INDIVIDUALS RESIDING IN SOUTHEASTERN NEW ENGLAND

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES F. PADBURY, M.D.	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
TREASURER	MARK MARCANTANO	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
CLERK	MARK MARCANTANO	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
VICE-PRESIDENT OF MEDICAL	MAUREEN PHIPPS, M.D.	101 DUDLEY STREET

AFFAIRS		PROVIDENCE, RI 02905 USA
DIRECTOR	KATHARINE WENSTROM, M.D.	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	STEPHEN R. CARR, M.D.	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	CORNELIUS O. GRANAI, M.D.	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	JAMES F. PADBURY, M.D.	101 DUDLEY STREET PROVIDENCE, RI 02905 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DOROTHEA R. LINDQUIST 101 DUDLEY STREET PROVIDENCE , RI 02905

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

**Signed this 7 Day of June, 2016 at 3:32:18 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JAMES F. PADBURY, M.D.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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