



State of Rhode Island and Providence Plantations

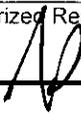
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2016 SEP - 1 AM 10: 07

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 73023		2. Exact name of the Corporation NHCC Medical Associates, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Support encourage & coordinate development of comprehensive healthcare-related svcs			
5. Principal Office Address 11 Friendship Street			City Newport	State RI	Zip 02840
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John B. Murphy, M.D.			Vice-President Name		
Street Address 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Thomas E. McGue, M.D.			Treasurer Name Thomas E. McGue, M.D.		
Street Address 11 Friendship Street			Street Address 11 Friendship Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name John B. Murphy, M.D. (Chair)			Director Name Timothy J. Babineau, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Heather M. Hall, M.D.			Director Name Thomas E. McGue, M.D.		
Street Address 11 Friendship Street			Street Address 11 Friendship Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John B. Murphy, M.D.				Date 8/24/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

SEP 01 2016

BY Mr 282608

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

NHCC Medical Associates, Inc.
Corporation ID No. 73023

7. Additional Board of Directors

Mary A. Wakefield
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903