



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 SEP -9 AM 9:54

1. Entity ID Number 92685		2. Exact name of the Corporation Lifespan/Physician Professional Services Organization, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Development of primary care physician services for itself and on behalf of its members.			
5. Principal Office Address 167 Point Street		City Providence	State RI	Zip 02903	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Vacant			Vice-President Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Mary A. Wakefield			Treasurer Name Mary A. Wakefield		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Robert Bahr, M.D.			Director Name Kwame Dapaah Afriyie		
Street Address 150 East Manning Street			Street Address 164 Summit Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Peter Margolis, M.D.			Director Name E. Bradley Miller, M.D.		
Street Address 33 Staniford Street			Street Address 450 Veterans Memorial Parkway		
City Providence	State RI	Zip 02905	City East Providence	State RI	Zip 02915
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Mary A. Wakefield				Date 8-30-16	
Signature of Officer/Authorized Representative <i>Mary A. Wakefield</i>				SIGN DOCUMENT HERE	

FILED

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By *R* **283130**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

**Lifespan/Physician Professional Services Organization, Inc.
Corporation ID No. 92685**

7. Additional Board of Directors

John B. Murphy, M.D.
593 Eddy Street
Providence, RI 02903

James A. Ross, M.D.
1180 Hope Street
Bristol, RI 02809

Mary A. Wakefield
593 Eddy Street
Providence, RI 02903

Lewis Weiner, M.D.
One Davol Square
Providence, RI 02903