



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 MAY -1 AM 9:28

1. Entity ID Number 64299		2. Exact name of the Corporation Lifespan Risk Services, Inc.												
3. Principal Office Address 167 Point Street			City Providence	State RI	Zip 02903									
4. NAICS Code 62 - Health Care and Social		6. Brief description of the character of business conducted in Rhode Island Providing incident and claim review and risk management services to healthcare entities and physicians.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Linda J. Smith			Vice-President Name None											
Street Address 167 Point Street			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name John B. Murphy, M.D.			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									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Paul J. Adler			Director Name John B. Murphy, 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 Linda J. Smith			Director Name Mary A. Wakefield											
Street Address 167 Point Street			Street Address 593 Eddy Street											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	\$1.00												
11. 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.														
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.														
Name of Authorized Representative Linda J. Smith				Date 4/19/17										
Signature of Authorized Representative 														

FILED

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

MAY 01 2017

BY CU 302577

FORM 630 - Revised: 02/2017