



**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: 2017

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 First, Middle, Last, Suffix	Address 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**

KATHERINE WILLS 90 PLAIN STREET, SUITE340 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 5 Day of May, 2017 at 12:33:42 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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