



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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 109461		2. Exact name of the Corporation Lifespan MSO, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Delivery of comprehensive health services			
4. NAICS Code 622110 - General Medical and Surgical Hospitals					
6. Principal Office Address 167 Point Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mary A. Wakefield			Vice-President Name		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Paul J. Adler			Treasurer Name Mary A. Wakefield		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address Lifespan Corporation, 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name Paul J. Adler			Director Name John B. Murphy, M.D.		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address Lifespan Corporation, 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Mary A. Wakefield			Director Name		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
9. 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 Paul J. Adler				Date 7/14/17	
Signature of Officer/Authorized Representative <i>Paul J. Adler</i>				FILED	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

JUL 27 2017

BY CU 309120