



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000305808

2. Exact Name of the Limited Liability Company Beth Israel Deaconess Physician Organization, LLC

3. State of Formation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

305808

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

HEALTHCARE SERVICES

5. Principal Office Address

No. and Street: 247 STATION AVENUE

NORTHWEST 1

City or Town: WESTWOOD

State: MA

Zip: 02090

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 247 STATION AVENUE, NORTHWEST 1

City or Town: WESTWOOD

State: MA Zip: 02090 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	STEVEN FISCHER	330 BROOKLINE AVE, STONEMAN BLDG, SUITE 207 BOSTON, MA 02215 USA

MANAGER	FOSTER ABORN	C/O JOHN HANCOCK, 200 BERKELEY ST B-01-10 BOSTON, MA 02116 USA
MANAGER	PETER MOWSCHENSON MD	1180 BEACON ST, SUITE 6B BROOKLINE, MA 02446 USA
MANAGER	JOHN M FOGARTY	330 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	PATRICK R WARDELL	300 BROOKLINE AVE BOSTON, MA 02215 USA
MANAGER	JEFFREY HULBURT	ONE UNIVERSITY AVENUE WESTWOOD, MA 02090 USA
MANAGER	KEVIN TABB MD	330 BROOKLINE AVE, SUITE 230 BOSTON, MA 02215 USA
MANAGER	ROBERT GABBAY, MD	ONE JOSLIN PLACE BOSTON, MA 02215 USA
MANAGER	MARY ANN STEVENSON MD, MPH	330 BROOKLINE AVE, FINARD BASEMENT BOSTON, MA 02215 USA
MANAGER	ELIZABETH KASS MD	1340 BOYLSTON ST BOSTON, MA 02215 USA
MANAGER	STANLEY M LEWIS MD	330 BROOKLINE AVE, STONEMAN BLDG, SUITE 215 BOSTON, MA 02215 USA
MANAGER	DAVID V IVES MD	482 BEDFORD ST LEXINGTON, MA 02420 USA
MANAGER	DOMINIC PENNACHIO MD	25 BOYLSTON ST, SUITE 204 CHESTNUT HILL, MA 02467 USA
MANAGER	ALEXA B. KIMBALL MD, MPH	375 LONGWOOD AVENUE BOSTON, MA 02215 USA
MANAGER	PATRICIA HANNON FACHE	125 PARKER HILL AVE BOSTON, MA 02120 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of September, 2017 at 3:06:17 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 § 7-16.*

By NATALIE TORDIGLIONE
Signature of Authorized Person

Form No. 632
Revised 09/07

