



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

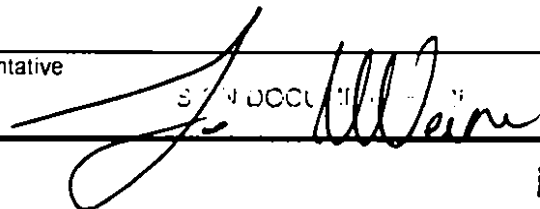
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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STATE
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CC: 2018 HR 23
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1. Entity ID Number 86893		2. Exact name of the Corporation Lifespan/Physicians IPA, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To arrange for the delivery of health care services through contracts with physicians.			
4. NAICS Code 622110 - General Medical and					
6. Principal Office Address 593 Eddy Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lewis Weiner, M.D.			Vice-President Name Robert Bahr, M.D.		
Street Address One Davol Square			Street Address 150 East Manning Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02906
Secretary Name Peter Margolis, M.D.			Treasurer Name Peter Margolis, M.D.		
Street Address 33 Staniford Street			Street Address 33 Staniford Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. 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 Gary Bubly, M.D.		
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 Kwame Dapaah Afriyie, M.D.			Director Name Silvia Degli-Esposti, M.D.		
Street Address 164 Summit Avenue			Street Address 148 West River Street 11C		
City Providence	State RI	Zip 02906	City East Providence	State RI	Zip 02904
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 Lewis Weiner, M.D.					Date 3/22/18
Signature of Officer/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

MAR 28 2018

BY **KL 327509**

Lifespan Physicians IPA, Inc.
ID #86893

7. Additional Directors

Warren Licht, M.D. 909 North Main Street #300 Providence, RI 02904
Peter Margolis, M.D. 33 Staniford Street Providence, RI 02905
E. Bradley Miller, M.D. 450 Veterans Memorial Parkway East Providence, RI 02915
James Ross, M.D. 1180 Hope Street Bristol, RI 02809
Lewis Weiner, M.D. One Davol Square Providence, RI 02903