State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 AUG 30 AM 9:54

Annual Report for the year: 2018

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	2. Exact name of the Corporation
109461	**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 S**	

6. Principal Office Address	City	State	Zip
167 Point Street	**Providence**	**RI**	**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 **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 **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). 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 **593 Eddy Street**			Street Address **593 Eddy Street**		
City **Providence**	State **RI**	Zip **02903**	City **Providence**	State **RI**	Zip **02903**
Director Name **Mary A. Wakefield**			Director Name		
Street Address **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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Paul J. Adler	8/14/18

Signature of Officer/Authorized Representative: Paul Adler

SIGN DOCUMENT HERE

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MAIL TO:
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