RI SOS Filing Number: 201876282880 Date: 8/30/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 AUG 30 AM 9:55

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
919502	Community Physician Partners, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To enable providers of health care services affiliated with Lifespan, a Rhode Island health care system, to participate in contractual arrangements and related activities.
4. NAICS Code: 622110 - General Medical and S	

6. Principal Office Address	City	State	Zip
167 Point Street, Suite 2B	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David Marcoux, M.D.			Vice-President Name: None		
Street Address: 407 East Avenue, Suite 120			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	City:	State:	Zip:
Secretary Name: None			Treasurer Name: Nathan Beraha, M.D.		
Street Address:			Street Address: One Commerce Street		
City:	State:	Zip:	City: Lincoln	State: RI	Zip: 02865

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☑

Director Name: David Marcoux, M.D.			Director Name: Nathan Beraha, M.D.		
Street Address: 407 East Avenue, Suite 120			Street Address: One Commerce Street		
City: Pawtucket	State: RI	Zip: 02860	City: Lincoln	State: RI	Zip: 02865
Director Name: Christine Herbert, M.D.			Director Name: Pamela Harrop, M.D.		
Street Address: 407 East Avenue, Suite 120			Street Address: 1180 Hope Street		
City: Pawtucket	State: RI	Zip: 02860	City: Bristol	State: RI	Zip: 02809

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
David Marcoux, M.D.	8/1/18

Signature of Officer/Authorized Representative: David A. Marcoux MD

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AUG 30 2018 9:55

BY KL SOS FS

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11.2017

Community Physician Partners, Inc.
ID #919502

8. Directors

James Ross, M.D. 1180 Hope Street Bristol, RI 02809
Diane Siedlecki, M.D. 1 Hoppin Street, 3rd Floor Providence, RI 02903
Thomas Bledsoe, M.D. 375 Wampanoag Trail, Suite 201 East Providence, RI 02914
Peter Hollmann, M.D. 375 Wampanoag Trail, Suite 201 East Providence, RI 02914
Flora Treger, M.D. 1672 South County Trail, Suite 303 East Greenwich, RI 02818