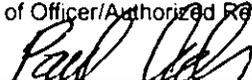




Annual Report for the year: **2019**  
 Non-Profit Corporation

- 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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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2019 AUG -5 AM 10:07

1. Entity ID Number <b>000109461</b>		2. Exact name of the Corporation <b>LIFESPAN MSO, INC.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Delivery of comprehensive health services.</b>			
4. NAICS Code <b>622110 - General Medical</b> <input type="checkbox"/>					
6. Principal Office Address <b>167 Point Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Mary A. Wakefield</b>			Vice-President Name		
Street Address <b>593 Eddy Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>Paul J. Adler</b>			Treasurer Name <b>Mary A. Wakefield</b>		
Street Address <b>593 Eddy Street</b>			Street Address <b>593 Eddy Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John B. Murphy, M.D.</b>			Director Name <b>Paul J. Adler</b>		
Street Address <b>593 Eddy Street</b>			Street Address <b>593 Eddy Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Mary A. Wakefield</b>			Director Name		
Street Address <b>593 Eddy Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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					
<b>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.</b>					
<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 <b>Paul J. Adler</b>					Date <b>8/2/19</b>
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE		

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

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