

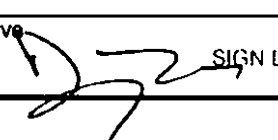


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

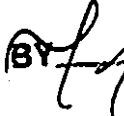
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 APR -2 8:47

1. Entity ID Number 001674257		2. Exact name of the Corporation YALE MEDICINE OF RHODE ISLAND, PC			
3. Principal Office Address 45 WELLS STREET			City WESTERLY	State RI	Zip 02891
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island PRACTICE OF MEDICINE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name PATRICK F. DOHERTY			Vice-President Name NONE		
Street Address 333 CEDAR STREET			Street Address		
City NEW HAVEN	State CT	Zip 06510	City	State	Zip
Secretary Name PATRICK F. DOHERTY			Treasurer Name PATRICK F. DOHERTY		
Street Address 333 CEDAR STREET			Street Address 333 CEDAR STREET		
City NEW HAVEN	State CT	Zip 06510	City NEW HAVEN	State CT	Zip 06510
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PATRICK F. DOHERTY			Director Name STEPHEN B. GROSS		
Street Address 333 CEDAR STREET			Street Address 333 CEDAR STREET		
City NEW HAVEN	State CT	Zip 06510	City NEW HAVEN	State CT	Zip 06510
Director Name BRAD GREEN			Director Name NONE		
Street Address 45 WELLS STREET			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		NONE			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>					
Name of Authorized Representative PATRICK F. DOHERTY				Date 3/9/20	
Signature of 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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BY  52381
8:48

FORM 630 - Revised: 10/2017