



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000790650

**2. Name of Corporation** LMW HEALTHCARE, INC.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

622110

**4. Corporate Address in Rhode Island**

No. and Street: 25 WELLS STREET

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 25 WELLS STREET

WESTERLY

City or Town: State: RI Zip: 02891 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ESTABLISH MAINTAIN AND CARRY ON AN INSTITUTION WITH PERMANENT FACILITIES FOR INPATIENTS AND AMBULATORY PATIENTS WITH MEDICAL SERVICES TO PROVIDE DIAGNOSIS AND TREATMENT AND TO CARRY ON ALL ASSOCIATED SERVICES TO PARTICIPATE AS AN INTEGRAL PART OF THE INTEGRATED HEALTH CARE DELIVERY SYSTEM KNOWN AS THE YALE NEW HAVEN HEALTH SYSTEM

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PATRICK GREEN	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
TREASURER	ANN LAIN	25 WELLS STREET WESTERLY, RI 02891 USA
SECRETARY	ANN LAIN	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	STEPHEN GREENE	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	PATRICK GREEN	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	ANN LAIN	25 WELLS STREET WESTERLY, RI 02891 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 22 Day of June, 2020 at 5:12:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PATRICK GREEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07