

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 **Non-Profit Corporation**

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2020 JUN 26 AM 11: 28

→ 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 000933120		2. Exact name of the Corporation Rhode Island Medical Group, Inc.				
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Health, edu	Health, educational, research, and scientific services.				
4. NAICS Code						
622110 - General Medical]					
6. Principal Office Address			City	State	Zip	
593 Eddy Street			Providence	RI	02903	
7 List ALL officers (names and	l addresses)			Check the box to ind	licate an attachment	
President Name Louis B. Rice, M.D.			Vice-President Name None			
Street Address 593 Eddy Street			Street Address			
City Providence	State RI	Zip 02903	City	State	Zıp	
Secretary Name Vacant			Treasurer Name Karen L. Furie			
Street Address			Street Address 110 Lockwood Street, Suite 324			
City	State	Zip	City Providence	State RI	^{Z₁p} 02903	
8 List ALL directors (names an	nd addresses). RI C	Corporations MUST	list at least THREE directors	Check the hay to ind	icate an attachment	
Director Name Robert Bahr, N	1.D,		Director Name Kwame Da		todic arrattadiment	
Street Address 150 East Manning Street			Street Address 164 Summit Avenue			
City Providence	State RI	^{Zip} 02906	City Providence	State RI	Zıp 02906	
Director Name Louis B. Rice, M.D. (Co-Chair)			Director Name Edward Akelman, M.D.			
Street Address 593 Eddy Street			Street Address 2 Dudley Street, Suite 190			
City Providence	State RI	Z _{IP} 02903	City Providence	State RI	Zip 02905	
9. Registered Agent in Rhode I	sland This informati	on is currently of reco	rd in the Department of State. Cha	inges require filing Form (541.	
Under penalty of perjury, I de statements, and that all state	clare and affirm to ments contained	hat I have examin herein are true an	ed this report, including any discorrect.	accompanying sched	dules and	
This report must be signed by either the		ent, Secretary, Assistant	Secretary: Treasurer, duly Authonzed Re	apresentative, Receiver or Tr	ustoe	
Name of Officer/Authorized Re Louis B. Rice, M.D.	presentative	\bigcirc		Date	0/20	
Signature of Officer/Authorized	Representative		FILED			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sas.ri.gov JUN 26 2020 2400 FORM 631 - Revised: 06/2019 N . 1

Rhode Island Medical Group, Inc. ID #933120

8. Directors

William G. Cioffi, M.D.				
Rhode Island Hospital				
593 Eddy Street				
Providence, RI 02903				
John J. Cronan, M.D.				
Rhode Island Hospital				
593 Eddy Street				
Providence, RI 02903				
Phyllis A. Dennery, M.D.				
Rhode Island Hospital				
593 Eddy Street				
Providence, RI 02903				
Jack Elias, M.D.				
The Warren Alpert Medical School of Brown University				
Arnold Lab, Suite 101				
91 Waterman Street				
Providence, RI 02912				
Karen L. Furie, M.D.				
110 Lockwood Street, Suite 324				
Providence, RI 02903				
John B. Murphy, M.D.				
Rhode Island Hospital				
593 Eddy Street				
Providence, RI 02903				
John A. Pezzullo, III, M.D.				
Rhode Island Hospital				
20 Catamore Boulevard				
East Providence, RI 02914				
Mark Sigman, M.D.				
Medical Office Building				
2 Dudley Street, Suite 174				
Providence, RI 02903				
Mary A. Wakefield				
Lifespan Corporation				
593 Eddy Street				
Providence, RI 02903				
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