



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

Annual Report for the year: **2020**

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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 BUS SVCS DIV
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1. Entity ID Number 000073023		2. Exact name of the Corporation NHCC Medical Associates, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support, encourage, and coordinate development of comprehensive healthcare-related services.			
4. NAICS Code 622110 - General Medical					
6. Principal Office Address 11 Friendship Street		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John B. Murphy, M.D.			Vice-President Name		
Street Address 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Jeffrey T. Gaines, M.D.			Treasurer Name Jeffrey T. Gaines, M.D.		
Street Address 11 Friendship Street			Street Address 11 Friendship Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John B. Murphy, M.D. (Chair)			Director Name Timothy J. Babineau, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Jeffrey T. Gaines, M.D.			Director Name Mary A. Wakefield		
Street Address 11 Friendship Street			Street Address 593 Eddy Street		
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02840
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.					
<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 John B. Murphy, M.D.				Date 6/16/20	
Signature of Officer/Authorized Representative 				FILED 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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