



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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1. Entity ID Number 000919502		2. Exact name of the Corporation Community Physician Partners, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To enable providers of health care services affiliated with Lifespan, a Rhode Island health care system, to participate in contractual agreements and related activities.			
4. NAICS Code 622110 - General Medical <input type="checkbox"/>					
6. Principal Office Address 167 Point Street, Suite 2B			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Marcoux, M.D.			Vice-President Name None		
Street Address 407 East Avenue, Suite 120			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name None			Treasurer Name Nathan Beraha, M.D.		
Street Address			Street Address One Commerce Street		
City	State	Zip	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name David Marcoux, M.D.			Director Name Nathan Beraha, M.D.		
Street Address 407 East Avenue, Suite 120			Street Address One Commerce Street		
City Pawtucket	State RI	Zip 02860	City Lincoln	State RI	Zip 02865
Director Name Christine Herbert, M.D.			Director Name Pamela Harrop, M.D.		
Street Address 407 East Avenue, Suite 120			Street Address 1180 Hope Street		
City Pawtucket	State RI	Zip 02865	City Bristol	State RI	Zip 02809
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative David Marcoux, M.D. <i>David A. Marcoux m.d.</i>					Date 6/10/20
Signature of Officer/Authorized Representative					
SIGN DOCUMENT FREE					

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 *[Signature]* G 25MV
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Community Physician Partners, Inc.
ID #919502

8. Directors

Thomas Bledsoe, M.D. 375 Wampanoag Trail, Suite 201 East Providence, RI 02914
Peter Hollmann, M.D. 375 Wampanoag Trail, Suite 201 East Providence, RI 02914
James Ross, M.D. 1180 Hope Street Bristol, RI 02809
Diane Siedlecki, M.D. 1 Hoppin Street, 3 rd Floor Providence, RI 02903
Flora Treger, M.D. 1672 South County Trail, Suite 303 East Greenwich, RI 02818