



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.** 000110369

**2. Name of Corporation** Brown Medicine

**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

622310

**4. Corporate Address in Rhode Island**

No. and Street: 593 EDDY STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

No. and Street:

City or Town: State: Zip: Country:

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

ARTICLES OF CONSOLIDATION WERE FILED ON 12/31/1999 EFFECTIVE 01/01/2000 BETWEEN ID#8912 UNIVERSITY PHYSICIANS FOUNDATION, INC. AND ID#58536 RIH MEDICAL FOUNDATION INC FORMING ID#110369 UNIVERSITY MEDICINE FOUNDATION INC. ENGAGING IN THE PRACTICE OF MEDICINE FOR PATIENTS OF ANY HOSPITAL AFFILIATED WITH LIFESPAN CORPORATION AND ELSEWHERE.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	LOUIS RICE MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
TREASURER	PETER A. HOLLMANN MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
SECRETARY	PETER A. HOLLMANN MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
VICE PRESIDENT	ANGELA CALIENDO MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	DEEPAN DALAL, MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	CHRISTINE DUFFY, MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN REAGAN, MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	LOUIS RICE MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MICHAEL BLUNDIN , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	KELLY MCGARRY , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	THOMAS BLEDSOE , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	HARLAN RICH , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	COREY VENTETUOLO , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SUSIE HU , MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SHARON ROUNDS , MD	593 EDDY STREET PROVIDENCE, RI 02903 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**

CYNTHIA J. WARREN, ESQ. CAMERON & MITTLEMAN LLP 301 PROMENADE STREET  
PROVIDENCE , RI 02908

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

**Signed this 2 Day of July, 2020 at 2:38:48 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 CYNTHIA J. WARREN, ESQ.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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