



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 BUS SVCS DIV

2021 FEB 26 AM 10:07

1. Entity ID Number 000064299		2. Exact name of the Corporation Lifespan Risk Services, Inc.			
3. Principal Office Address 245 Chapman Street, Suite 200			City Providence	State RI	Zip 02905
4. NAICS Code 561110		6. Brief description of the character of business conducted in Rhode Island Providing incident and claim review and risk management services to healthcare entities and physicians.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Linda J. Smith			Vice-President Name		
Street Address 245 Chapman Street, Suite 200			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Cathy E. Duquette, PhD, RN, NEA-BC, CPHQ, FNAHQ			Treasurer Name Mary A. Wakefield		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name Paul J. Adler			Director Name Cathy E. Duquette, PhD, RN, NEA-BC, CPHQ, FNAHQ		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Linda J. Smith			Director Name Mary A. Wakefield		
Street Address 245 Chapman Street, Suite 200			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02903
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1,000	Common	\$1.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Linda J. Smith					Date 2/12/2021
Signature of Authorized Representative <i>Linda J. Smith</i>					FILED FEB 26 2021 13L YTVCC 10:07