State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2021 FEB 26 AM 10: 07

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.

1. Entity ID Number	2. Exact name of the Corporation
000064299	Lifespan Risk Services, Inc.

3. Principal Office Address	City	State	Zip
245 Chapman Street, Suite 200	Providence	RI	02905

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561110	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, FNAH			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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — 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	Date
Linda J. Smith	2/12/2021

Signature of Authorized Representative: Linda J. Smith

FILED
FEB 26 2021

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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FORM 630 - Revised: 08/2020