



**State of Rhode Island  
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.** 001033213

**2. Name of Corporation** S.J. Medical Staff, Inc.

**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

**4. Principal Office Address**

No. and Street: 200 HIGH SERVICE AVENUE  
City or Town: NORTH PROVIDENCE State: RI Zip: 02904 Country: USA

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

No. and Street:  
City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

PROVIDE OVERSIGHT FOR THE QUALITY OF CARE, TREATMENT, AND SERVICES PROVIDED BY PRACTITIONERS WITH PRIVILEGES/SCOPES OF SERVICE AT ST. JOSEPH HEALTH SERVICES OF RHODE ISLAND.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

**Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN COLAGIOVANNI MD	1524 ATWOOD AVENUE, SUITE 322 JOHNSTON, RI 02919 USA
TREASURER	PETER DEBLASIO, JR. MD	200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02940 USA
SECRETARY	FRANK B. D'ALESSANDRO MD	200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02940 USA
DIRECTOR	GERALD MARSOCCI MD	725 RESERVOIR AVE STE 202 CRANSTON, RI 02920 USA
DIRECTOR	STEVEN COLAGIOVANNI MD	1524 ATWOOD AVE., SUITE 322 JOHNSTON, RI 02919 USA
DIRECTOR	JEFFREY LIEBMAN	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	JOSEPH SAMARTANO, JR. DDS	21 PEACE ST., RM 535 EAST PROVIDENCE, RI 02907 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN V. MCGREEN 21 GARDEN CITY DRIVE CRANSTON , RI 02920

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

**Signed this 14 Day of April, 2021 at 12:06:35 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 PETER DEBLASIO, JR. MD  
Signature of Authorized Person

Form No. 631  
Revised 09/07