



**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

**Foreign Non-Profit
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: 2021

1. Corporate ID No. 000092328

2. Name of Corporation SOUTHCOAST PHYSICIANS GROUP, INC.

3. State of Incorporation

State: MA

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



813920

4. Principal Office Address

No. and Street: 101 PAGE STREET

City or Town: NEW BEDFORD

State: MA

Zip: 02740

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 101 PAGE STREET

City or Town: NEW BEDFORD

State: MA

Zip: 02740

Country: USA

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

TO EMPLOY COMMUNITY PHYSICIANS AND OTHER PRACTITIONERS.

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KEITH HOVAN	316 MARYS POND ROAD ROCHESTER, MA 02770 USA
TREASURER	WADE BROUGHMAN	25 BENJAMIN TRIPP ROAD WESTPORT, MA 02790 USA
CLERK	RENEE CLARK	FIVE BLUEBERRY LANE MILLIS, MA 02054 USA
EX-OFFICIO	KEITH A. HOVAN	316 MARYS POND ROAD ROCHESTER, MA 02770 USA
DIRECTOR	RAYFORD KRUGER MD	176 HIGH STREET ROCHESTER, MA 02770 USA
DIRECTOR	DONALD G. GIUMETTI	10 PRINCE SNOW CIRCLE MATTAPoisett, MA 02739 USA
DIRECTOR	JASON RUA	24 KYLE JACOB ROAD N. DARTMOUTH, MA 02747 USA
DIRECTOR	WARREN M. WOOD MD	435 WATER STREET PORTSMOUTH, RI 02871 USA
DIRECTOR	LOUIS A. CABRAL	304 CHURCH POND DRIVE TIVERTON, RI 02878 USA
DIRECTOR	ROBERT MCGOWAN MD	63 EMMONS ROAD FALMOUTH, MA 02540 USA
DIRECTOR	SALMAN BASHIR MD	305 GREENWICH AVENUE WARWICK, RI 02886 USA
DIRECTOR	ELIZABETH HUIDEKOPER	7 TERN LANE DARTMOUTH, MA 02748 USA
DIRECTOR	EDRESS OTHMAN MD	7 RICHARD STREET BARRINGTON, RI 02806 USA
DIRECTOR	AARON NOVY PA	101 PAGE STREET NEW BEDFORD, MA 02740 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

DANIEL SULLIVAN, ESQ. ROBINSON & COLE LLP ONE FINANCIAL PLAZA, SUITE 1430
PROVIDENCE , RI 02903

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

Signed this 8 Day of June, 2021 at 2:08:49 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 KEITH HOVAN
Signature of Authorized Person

