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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2021		
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2021 JUL 23 A 10: 31

Annual Report for the year:	2021
Non-Profit Corporation	
→ Filing period, June 1 - June 30	

→ Filing Fee: \$20.00 -> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1 Entity ID Number	2. Exact name o	·			
000028426	Lifespan Pl	hysician Gr	oup, Inc.		
State of Incorporation	5 Brief descripti	ion of the charac	ter of business conducted in R	Rhode Island	,
Rhode Island	Research, edu	ication and dire	ect patient care.		
4 NAICS Code	1				
622110 - General Medical and ✓					•
6. Principal Office Address			City	State	Zip
167 Point Street			Providence	RI	02903
7 List ALL officers (names and ad-	dresses)	-	•	Check the box to indi	cate an attachment
President Name Steven Lampert, I	M.D., MBA		Vice-President Name	-	
Street Address 593 Eddy Street		<u></u>	Street Address		
City Providence	State RI	^{Zıp} 02903	City	State	Zip
Secretary Name Kenneth Wood, D).O.	•	Treasurer Name Mary A. W	/akefield	
Street Address 593 Eddy Street			Street Address 593 Eddy S	Street	
City Providence	State Ri	^{Zip} 02903	City Providence	State RI	^{Zıp} 02903
8. List ALL directors (names and a	ddresses). RI Con	porations MUST	list at least THREE directors.	Check the box to indi	cate an attachment 🗹
Director Name Timothy J. Babinea	ıu, M D. (Chair)	<u>-</u>	Director Name Margaret A		
Street Address 593 Eddy Street			Street Address 146 West F	River Street, 2nd Floo	r
City Providence	State RI	^{Zıp} 02903	City Providence	State RI	^{Zip} 02904
Director Name Herbert D. Aronov	v, M.D., MPH		Director Name R. William	Corwin, M.D.	•
Street Address 593 Eddy Street			Street Address 593 Eddy S	Street	
City Providence	State RI	^{Z₁p} 02903	City Providence	State RI	^{Zip} 02903
9. The Registered Agent information	on of record with th	he RI Departmen	it of State is accurate. Change	s require filing Form 64	1.
Under penalty of perjury, I decia statements, and that all stateme				accompanying sched	lules and
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant	Secretary: Treasurer, duly Authorized R	Representative, Receiver or Tro	istee
Name of Officer/Authorized Repre- Steven Lampert, M.D., MBA	sentative			Date 7 //	TROS
Signature of Officer/Authorized Re	presentative			//_	
1. Jan	sest.		EII ED	-	
	7		1-11-1-1-3		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 23 2021

BY Cat 1000 8 6553 FORM 631 - Revised: 08/2020

Lifespan Physician Group, Inc. ID #000028426

8. Directors

Linda Dame, DNPP, FNP-BC 350 Eddy Street, Office 292 Providence, RI 02903 Kristopher Davignon, M.D. 164 Summit Avenue Providence, RI 02906 Phyllis A. Dennery, M.D. 593 Eddy Street Providence, RI 02903 Gildasio S. DeOliveira, Jr., M.D. 593 Eddy Street Providence, RI 02903 Curtis E. Doberstein, M.D. 593 Eddy Street Providence, RI 02903 Steven Lampert, M.D., MBA 593 Eddy Street Providence, RI 02903 Steven Lampert, M.D., MBA 593 Eddy Street Providence, RI 02903 Steven Y. Liu, M.D. 235 Plain Street Providence, RI 02905 Suzanne E. McLaughlin, M.D. 245 Chapman Street Providence, RI 02905 Michael E. Migliori, M.D., FACS 1 Hoppin Street, Suite 202 Providence, RI 02903 Margaret A. Miller, M.D. 146 West River Street
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