



State of Rhode Island

Department of State - Business Services Division

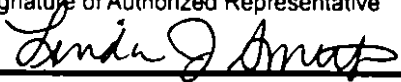
Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RDDS ESD
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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 <input type="checkbox"/>					
President Name Linda J. Smith, MBA, RN, CPHQ, CPHRM			Vice-President Name		
Street Address 245 Chapman Street, Suite 200			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Paul J. Adler			Treasurer Name Peter Markell		
Street Address 167 Point Street; Suite 2B			Street Address 167 Point Street; Suite 2B		
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 <input type="checkbox"/>					
Director Name Paul J. Adler			Director Name Linda J. Smith, MBA, RN, CPHQ, CPHRM		
Street Address 167 Point Street; Suite 2B			Street Address 245 Chapman Street, Suite 200		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02905
Director Name Peter Markell			Director Name		
Street Address 167 Point Street; Suite 2B			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	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, MBA, RN, CPHQ, CPHRM					Date 2/12/2024
Signature of Authorized Representative 					FILED

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