



State of Rhode Island and Providence Plantations
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: 2012

1. Corporate ID No. 000096777

2. Name of Corporation New England Physician Alliance

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 593 EDDY STREET

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ARRANGE FOR THE DELIVERY OF HEALTH CARE SERVICES THROUGH CONTRACTS WITH PHYSICIAN ORGANIZATIONS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | ROBERT BAHR MD | 150 EAST MANNING STREET PROVIDENCE, RI 02906 USA |
| TREASURER | WILLIAM CONNELL MD | 230 BELLEVUE AVENUE NEWPORT, RI 02840 USA |
| SECRETARY | CHARLENE DENTON | 593 EDDY STREET, DAVOL 101 PROVIDENCE, RI 02903 USA |
| VICE PRESIDENT | LEWIS WEINER MD | ONE DAVOL SQ-STE 304 PROVIDENCE, RI 02903 USA |
| DIRECTOR | JOEL KAUFMAN MD | 167 POINT STREET-STE 3A PROVIDENCE, RI 02903 USA |
| DIRECTOR | EDWARD LALLY MD | 2 DUDLEY STREET PROVIDENCE, RI 02905 USA |
| DIRECTOR | PETER MARGOLIS MD | 33 STANIFORD STREET PROVIDENCE, RI 02905 USA |
| DIRECTOR | E. BRADLEY MILLER MD | 450 VETERANS MEMORIAL PKWY EAST PROVIDENCE, RI 02914 USA |
| DIRECTOR | DOUGLAS SHEMIN MD | 593 EDDY STREET PROVIDENCE, RI 02903 USA |
| DIRECTOR | KWAME DAPAAH-AFRIYIE MD | 164 SUMMIT AVENUE PROVIDENCE, RI 02906 USA |
| DIRECTOR | JAMES ROSS MD | 1180 HOPE STREET BRISTOL, RI 02809 USA |

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

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 13 Day of June, 2012 at 3:06:47 PM. *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 corporation, 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 CHARLENE DENTON
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or

Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

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