



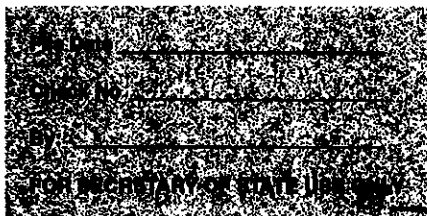
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 159734		2. Exact name of the limited liability company The Rhode Island Center for Patient Safety, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Health care delivery systems consultant			
5. Principal office address 235 Promenade Street, Suite 500		City Providence	State RI	Zip 02908	
6. Principal address of limited liability company (do not use street or postal box)					
Contact Name H. John Keimig, BS, MHHA, FACHE		Contact Title Member Representative			
Street Address 235 Promenade Street, Suite 500		City Providence	State RI	Zip 02908	
7. If the filer is a foreign limited liability company, provide the name and address of the filer in Rhode Island (do not use postal box) <input type="checkbox"/>					
Manager Name H. John Keimig, BS, MHHA, FACHE		Manager Name			
Street Address 235 Promenade Street, Suite 500		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. FILER'S SIGNATURE AND DATE					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					



FILED

DEC 28 2012

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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.

H. John Keimig 12/20/12
 Signature of Authorized Person Date

H. John Keimig, BS, MHHA, FACHE
 Print or Type Name of Authorized Person