



Online Renewal Questions and Responses

Report Run Date: 10/24/2017

Date of Renewal: 11/10/2013

Name: WOMENS MEDICAL CENTER OF RHODE

License Number: FAS01001

Prerequisite Changed N
Facility Changed Owner N
Facility Reg Compliance with Conditions of App Y

Date of Renewal: 11/16/2014

Name: WOMENS MEDICAL CENTER OF RHODE

License Number: FAS01001

Prerequisite Changed N
Facility Changed Owner N
Facility Reg Compliance with Conditions of App Y

Date of Renewal: 11/08/2015

Name: WOMENS MEDICAL CENTER OF RHODE

License Number: FAS01001

Prerequisite Changed N
Facility Changed Owner N
Facility Reg Compliance with Conditions of App Y

Date of Renewal: 10/30/2016

Name: WOMENS MEDICAL CENTER OF RHODE

License Number: FAS01001

Prerequisite Changed N
Facility Changed Owner N
Facility Reg Compliance with Conditions of App Y