



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 161987		2. Name of Corporation ST. JOSEPH HEALTH SERVICES FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 200 High Service Avenue		City North Providence	Zip 02904
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Raising funds for the benefit of St. Joseph Health Services of Rhode Island and its affiliates					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph R. DiStefano, Esq.			Vice President Name None		
Street Address One Citizens Plaza, 8th Floor			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name John Fogarty			Treasurer Name Daniel J. Ryan, CPA		
Street Address 200 High Service Avenue			Street Address One Davol Square		
City North Providence	State RI	Zip 02904	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS. THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Joseph R. DiStefano, Esq.			Director Name Daniel J. Ryan, CPA		
Street Address One Citizens Plaza, 8th Floor			Street Address One Davol Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name John Fogarty			Director Name		
Street Address 200 High Service Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Otis Brown			Address		
Address 200 High Service Avenue			City North Providence	Zip 02904	

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



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FILED

File Date: JUN 30 2008

Check No. BY CKC 27173

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: *Joseph R. DiStefano* Date: 6/30/08

Joseph R. DiStefano

Print or Type Name of Officer

President

Title of Officer