

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

Fee: \$20.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (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: 2009

1. Corporate ID No. 000026149

2. Name of Corporation Rhode Island Blood Center

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 405 PROMENADE STREET

City or Town: PROVIDENCE State: RI Zip: 02908 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

HEALTHCARE SUPPORT SERVICES

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Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	FRANCIS J. MARIANO CPA	1615 PONTIAC AVENUE CRANSTON, RI 02920 USA
SECRETARY	THOMAS L. ROSS	111 BREWSTER STREET PAWTUCKET, RI 02860 USA

ASSISTANT SECRETARY	SANDRA M. MACK ESQ.	50 KENNEDY PLAZA, STE. 1500 PROVIDENCE, RI 02903 USA
PRESIDENT	LAWRENCE F SMITH	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	STEPHEN J. CARLOTTI	50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903 USA
CHAIRMAN	MARK A. SHAW	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
VICE CHAIRMAN	CHARLES R. REPPUCCI	50 KENNEDY PLAZA, STE. 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	SAMUEL CIOTOLA	115 CASS AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	TODD A. CIPRIANI	11 FRIENDSHIP STREET NEWPORT, RI 02840 USA
DIRECTOR	DOMENIC DECRISTOFANO	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	JOHN J. HYNES ESQ.	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	JILA KHORSAND M.D.	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	JOSEPH LATINA M.D.	1145 RESERVOIR AVENUE CRANSTON, RI 02920 USA
DIRECTOR	FRED MACRI	593 EDDY STREET PROVIDENCE, RI 02920 USA
DIRECTOR	FRANCIS J. MARIANO CPA	1615 PONTIAC AVENUE CRANSTON, RI 02920 USA
DIRECTOR	WILLIAM P. MCGILLIVRAY CPA	P.O. BOX 549 PROVIDENCE, RI 02901 USA
DIRECTOR	JAMES MONIZ JR.	35 LEATHERLEAF TRAIL, SUITE 1 NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	CHARLES P. MOSHER	1300 DIVISION ROAD, STE. 102 WEST WARWICK, RI 02893 USA
DIRECTOR	ELIAS NEUJAHR MBA, MSHA	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	CHARLES R. REPPUCCI	50 KENNEDY PLAZA, STE. 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	THOMAS L. ROSS	111 BREWSTER STREET PAWTUCKET, RI 02860 USA
DIRECTOR	MARK A. SHAW	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	LAWRENCE F. SMITH	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JOSEPH SWEENEY M.D.	164 SUMMIT AVENUE PROVIDENCE, RI 02903 USA
DIRECTOR	CYNTHIA WYMAN	100 KENYON AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	EDWARD M. SCHOTTLAND	200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02904 USA

HASLAW, LLC ATTN: SANDRA MATRONE MACK, SEC 50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903-			
9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.			
Signed this 2 Day of June, 2009 at 3:24:12 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 SANDRA M. MACK, ESQ. Signature of Officer of the Corporation			
President or Vice President or Secretary or _x 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.			
Form No. 631 Revised 09/07			
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