



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 02904-2611  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**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.<br><b>141169</b>                   | 2. Name of Corporation<br><b>SOUTHEAST NEW ENGLAND HEART SAFE COMMUNITY FOUNDATION</b> |                          |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>       | 4. Corporate address in Rhode Island - Street Address<br><b>100 KENYON AVENUE</b>      | City<br><b>WAKEFIELD</b> | Zip<br><b>02879</b> |
| 5. Foreign corporation. Enter principal office address |                                                                                        | City                     | State               |

5. Brief Description of the character of the affairs which are actually conducted in Rhode Island  
**PROMOTE COMMUNITY BY ACQUIRING AND DONATING PORTABLE CARDIAC CARE EQUIPMENT TO PUBLIC FACILITIES AND COMMUNITY ORGANIZATIONS**

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

|                                                  |                    |                     |                                                  |                    |                     |
|--------------------------------------------------|--------------------|---------------------|--------------------------------------------------|--------------------|---------------------|
| President Name<br><b>NEIL BRANDON, M.D.</b>      |                    |                     | Vice President Name<br><b>ANTHONY MONTELEONE</b> |                    |                     |
| Street Address<br><b>100 KENYON AVENUE</b>       |                    |                     | Street Address<br><b>100 KENYON AVENUE</b>       |                    |                     |
| City<br><b>WAKEFIELD</b>                         | State<br><b>RI</b> | Zip<br><b>02879</b> | City<br><b>WAKEFIELD</b>                         | State<br><b>RI</b> | Zip<br><b>02879</b> |
| Secretary Name<br><b>WILLIAM H. SABINA, M.D.</b> |                    |                     | Treasurer Name<br><b>MICHAEL KOZIOL</b>          |                    |                     |
| Street Address<br><b>100 KENYON AVENUE</b>       |                    |                     | Street Address<br><b>100 KENYON AVENUE</b>       |                    |                     |
| City<br><b>WAKEFIELD</b>                         | State<br><b>RI</b> | Zip<br><b>02879</b> | City<br><b>WAKEFIELD</b>                         | State<br><b>RI</b> | Zip<br><b>02879</b> |

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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<br><b>LOUIS B. GIANCOLA</b>  |                    |                     | Director Name<br><b>NEIL BRANDON, M.D. &amp; WILLIAM H. SABINA, M.D.</b> |                    |                     |
| Street Address<br><b>100 KENYON AVENUE</b> |                    |                     | Street Address<br><b>100 KENYON AVENUE</b>                               |                    |                     |
| City<br><b>WAKEFIELD</b>                   | State<br><b>RI</b> | Zip<br><b>02879</b> | City<br><b>WAKEFIELD</b>                                                 | State<br><b>RI</b> | Zip<br><b>02879</b> |
| Director Name<br><b>MICHAEL KOZIOL</b>     |                    |                     | Director Name<br><b>ANTHONY MONTELEONE</b>                               |                    |                     |
| Street Address<br><b>100 KENYON AVENUE</b> |                    |                     | Street Address<br><b>100 KENYON AVENUE</b>                               |                    |                     |
| City<br><b>WAKEFIELD</b>                   | State<br><b>RI</b> | Zip<br><b>02879</b> | City<br><b>WAKEFIELD</b>                                                 | State<br><b>RI</b> | Zip<br><b>02879</b> |

**9. REGISTERED AGENT IN RHODE ISLAND**

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

141169

**FILED**  
MAY 18 2010  
By: *[Signature]*  
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]* 5/18/10  
Signature of Officer Date

**NEIL BRANDON, M.D.**

Print or Type Name of Officer

**PRESIDENT**