



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 2011

**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. <b>74579</b>		2. Name of Corporation <b>RI PUBLIC HEALTH FOUNDATION</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>1500 FLEET CENTER</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>
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 <b>THE PURPOSE OF OBTAINING AND EXPEDITING COMPETITIVE PUBLIC HEALTH RESEARCH, DEVELOPMENT AND INNOVATIVE PROJECTS AND PROGRAMS.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>GERARD R GOULET</b>			Vice President Name <b>N/A</b>		
Street Address <b>50 KENNEDY PLAZA, SUITE 1500</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>ROSA R BAIER</b>			Treasurer Name <b>JAMES M HAGERTY</b>		
Street Address <b>235 PROMENADE ST SUITE 500</b>			Street Address <b>ONE CITIZENS PLAZA</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
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 <b>ANDREW ERICKSON</b>			Director Name <b>TOMAS E RAMIREZ</b>		
Street Address <b>10 STONE RIDGE DRIVE</b>			Street Address <b>39 MALLORY COURT</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name <b>ROSEMARY REILLY CHAMMAT</b>			Director Name <b>KATHLEEN SWANN</b>		
Street Address <b>9 STAGECOACH ROAD</b>			Street Address <b>306 FRY POND ROAD</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>WEST GREENWICH</b>	State <b>RI</b>	Zip <b>02817</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

**FILED**

File Date **JUN 01 2011**  
Check No. **RY 324**  
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

Date

**GERARD GOULET**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer