



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2011

1. Corporate ID No. 000026641

2. Name of Corporation HOSPITAL ASSOCIATION OF RHODE ISLAND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 100 MIDWAY ROAD, SUITE 21

City or Town: CRANSTON

State: RI Zip: 02920 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

HOSPITAL TRADE ASSOCIATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDWARD J QUINLAN	100 MIDWAY ROAD, SUITE 21 CRANSTON, RI 02920- USA
VICE PRESIDENT	MICHAEL SOUZA	100 MIDAY RD, SUTIE 21 CRANSTON, RI 02920 USA
DIRECTOR	KENNETH H. BELCHER	825 CHALKSTONE BOULEVARD PROVIDENCE, RI 02908 USA
DIRECTOR	CHARLES S KINNEY	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	KATHLEEN C HITTNER	164 SUMMIT AVENUE PROVIDENCE, RI 02906 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

EDWARD J. QUINLAN 100 MIDWAY ROAD, SUITE 21 CRANSTON , RI 02920-

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, 2011 at 10:03:44 AM. *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 EDWARD J. QUINLAN
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ 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

© 2007 - 2011 State of Rhode Island and Providence Plantations
All Rights Reserved