



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.** 000026648

**2. Name of Corporation** HOSPITAL RESEARCH AND EDUCATION FOUNDATION 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**

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
VICE PRESIDENT	MICHAEL SOUZA	100 MIDWAY RD., SUITE 21 CRANSTON, RI 02920 USA
PRESIDENT	EDWARD J QUINLAN	100 MIDWAY ROAD, SUITE 21 CRANSTON, RI 02920- USA
DIRECTOR	KENNETH H. BELCHER	825 CHALKSTONE AVENUE PROVIDENCE, RI 02909 USA
DIRECTOR	KATHLEEN HITTNER, M.D. MIRIAM HOSPITAL	164 SUMMIT AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	CHARLES S KINNEY	25 WELLS STREET WESTERLY, RI 02891 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 10:07:05 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

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