



**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

**Foreign Non-Profit
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: 2013

1. Corporate ID No. 000557767

2. Name of Corporation The Massachusetts General Hospital

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 10 WEYBOSSET STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 55 FRUIT STREET

City or Town: BOSTON State: MA Zip: 02114 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ENGAGE IN CHARITABLE FUND RAISING ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER L SLAVIN	MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BUL 240 BOSTON, MA 02114 USA
TREASURER	PETER K MARKELL	800 BOYLSTON STREET SUITE 1150 BOSTON, MA 02199 USA
SECRETARY	JOHN R HIGHAM	50 STANIFORD STREET 10TH FLOOR BOSTON, MA 02114 USA
DIRECTOR	NESLI BASGOZ	100 BLOSSOM STREET COX 5-15 BOSTON, MA 02114 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

CT CORPORATION SYSTEM 10 DORRANCE STREET, SUITE 530 PROVIDENCE , RI 02903

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

Signed this 4 Day of June, 2013 at 2:36:11 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 § 7-1.2.*

By JOHN R HIGHAM

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 - 2013 State of Rhode Island and Providence Plantations
All Rights Reserved