



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27536		2. Exact name of the Corporation Newport Hospital Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Investment manager for health care.			
5. Principal office address 11 Friendship Street		City Newport		State RI	Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name August B. Cordeiro			Vice-President Name		
Street Address 11 Friendship Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Suzette D. Schochet			Treasurer Name Frank J. Byrne		
Street Address 11 Leroy Avenue			Street Address 11 Friendship Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Stephen P. Massed (Chair)			Director Name David S. Gordon (Vice Chair)		
Street Address 1272 West Main Road			Street Address 51 Ridge Road		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Peter Capodilupo			Director Name William J. Corcoran		
Street Address 1215 West Main Road			Street Address 27 Highpoint Avenue		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

1030
FILED
 JUL 23 2013

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.

August B. Cordeiro 7/9/13
 Signature of Officer Date

August B. Cordeiro
 Print or Type Name of Officer
President
 Title of Officer

JUL 23 AM 10:30
 SECRETARY OF STATE
 CORPORATIONS DIV

Newport Hospital Foundation

No. 7

Names and Addresses of the Directors

Norey Dotterer Cullen
11 Redwood Street
Newport, RI 02840

Juliette C. McLennan
231 Indian Avenue
Portsmouth, RI 02871

Christopher S. Ottiano, M.D.
10 Kaitlin Place
Portsmouth, RI 02871

Sandra J. Pattie
P.O. Box 450
Newport, RI 02840

James A. Purviance
86 Mill Street
Newport, RI 02840

Kathleen H. Ross
169 Wellington Avenue
Newport, RI 02840

Suzette D. Schochet
11 Leroy Avenue
Newport, RI 02840

Charles L. Stengel, M.D.
346 Paradise Avenue
Middletown, RI 02842

Leonard C. Taddei, D.M.D.
770 Aquidneck Avenue
Middletown, RI 02842

Orest Zaklynsky, M.D.
4 Hunter Avenue
Newport, RI 02840

Timothy J. Babineau, M.D. (*ex officio*)
President and CEO
Lifespan Corporation
President and CEO
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

Scott B. Laurans (*ex officio*)
ESM Incorporated
One West Exchange Street #2706
Providence, RI 02903