



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. 27542		2. Exact name of the Corporation Newport Health Property Management, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Property manager of 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) ☐					
President Name Frederick Macri		Vice-President Name			
Street Address 593 Eddy Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Jody Bishop		Treasurer Name Thomas Magliocchetti			
Street Address 593 Eddy Street		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Lawrence A. Aubin (Chair)		Director Name Peter Arden			
Street Address 1460 Fall River Avenue		Street Address 60 Taylor Drive			
City Seekonk	State MA	Zip 02771	City Rumford	State RI	Zip 02918
Director Name Timothy J. Babineau, M.D.		Director Name Manny Barrows			
Street Address 593 Eddy Street		Street Address One Turks Head Place			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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

FILED

JAN 13 2014

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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

Frederick Macri

Print or Type Name of Officer

President

Title of Officer

ID#
27542

Newport Health Property Management, Inc.

No. 7

Directors and Officers

Thomas Drew, M.D.
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

Michael Hanna
Sullivan & Company
50 Holden Street
Providence, RI 02908

Scott B. Laurans (*Ex-Officio*)
ESM, Inc.
One West Exchange Street
Providence, RI 02903