



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:** 2014

**1. Corporate ID No.** 000542332

**2. Name of Corporation** The Brigham and Women's Hospital, Inc.

**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: 75 FRANCIS STREET

City or Town: BOSTON State: MA Zip: 02115 Country:

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

TO ESTABLISH AND MAINTAIN A HOSPITAL(S) TO PROVIDE DIAGNOSTIC, THERAPEUTIC AND OTHER MEDICAL SERVICES INCLUDING SHORT-TERM AND EXTENDED INPATIENT OUTPATIENT AND HOME CARE

**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	ELIZABETH G. NABEL	75 FRANCIS STREET BOSTON, MA 02115 USA
TREASURER	PETER K. MARKELL	75 FRANCIS STREET BOSTON, MA 02115 USA
SECRETARY	ALBERT A. HOLMAN, III	75 FRANCIS STREET BOSTON, MA 02115 USA

ASSISTANT SECRETARY	JOAN C. STODDARD	75 FRANCIS STREET BOSTON, MA 02115 USA
DIRECTOR	ALBERT A. HOLMAN, III	75 FRANCIS STREET BOSTON, MA 02115 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 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 6 Day of May, 2014 at 1:43:41 PM by the authorized person.** *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 company, 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 JOAN C. STODDARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07