



**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:** 2017

**1. Corporate ID No.** 001084152

**2. Name of Corporation** YALE-NEW HAVEN HEALTH SERVICES CORPORATION

**3. State of Incorporation**

State: CT

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 789 HOWARD AVENUE  
City or Town: NEW HAVEN State: RI Zip: 06519 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 789 HOWARD AVENUE  
City or Town: NEW HAVEN State: CT Zip: 06519 Country: USA

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

EDUCATION AND TRAINING SPECIFICALLY IN EMERGENCY MANAGEMENT

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	RICHARD D'AQUILA	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
TREASURER	VINCENT TAMMARO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
SECRETARY	VINCENT A CALARCO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
CEO	MARNA P BORGSTROM	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
CHAIRMAN	JOSEPH R CRESPO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
VICE CHAIR	JULIA M MCNAMARA	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	BARBARA B MILLER	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	BENJAMIN POLAK	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MEREDITH B REUBEN	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	PETER SALOVEY	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MARY C FARRELL	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	CARLTON L HIGHSMITH	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	NEWMAN M MARSILIUS III	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JAMES P TORGERSON	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	THOMAS B KETCHUM	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JOHN L LAHEY	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MARVIN K LENDER	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	ELLIOT J SUSSMAN MD	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JOHN L TOWNSEND III	789 HOWARD AVENUE NEW HAVEN, CT 06519 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 7 Day of June, 2017 at 3:28:29 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 ERICA RICHARDSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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