



**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

**Non-Profit Corporation
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. 000026149

2. Name of Corporation Rhode Island Blood Center

3. State of Incorporation

State: RI

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: 405 PROMENADE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

HEALTHCARE SUPPORT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	RUSSELL STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	STEPHEN J. CARLOTTI	50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903 USA
CHAIRMAN	MARK A. SHAW	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
PRESIDENT	LAWRENCE F SMITH	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
VICE CHAIRMAN	CHARLES R. REPPUCCI	100 WESTMINSTER STREET, SUITE 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	DARLENE FOLAN	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	DARIUSZ STACHURSKI MD	NEWPORT HOSPITAL, 11 FRIENDSHIP STREET NEWPORT, RI 02840 USA
DIRECTOR	SAMUEL CIOTOLA	115 CASS AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	ALAN M. LOTVIN , M.D.	695 GEORGE WASHINGTON HIGHWAY LINCOLN, RI 02865 USA
DIRECTOR	KENNETH N. ALLEN , JR.	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JAMES MONIZ JR.	60 CATAMORE BOULEVARD EAST PROVIDENCE, RI 02914-1226 USA
DIRECTOR	RUSSELL STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	JOSEPH SWEENEY M.D.	164 SUMMIT AVENUE PROVIDENCE, RI 02903 USA
DIRECTOR	SANDRA L. COLETTA	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	CAROLYN T. YOUNG , M.D.	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	CHRISTOPHER M. LEHRACH , MD, MBA	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	SCOTT J. ASADORIAN	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	NICHOLAS P. DOMINICK JR.	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MARK A. SHAW	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	LAWRENCE F. SMITH	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	CHARLES R. REPPUCCI	100 WESTMINSTER STREET, SUITE 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	KIMBERLY O'CONNELL	100 KENYON AVENUE WAKEFIELD, RI 02879 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

HASLAW, INC. HINCKLEY, ALLEN & SNYDER LLP 100 WESTMINSTER STREET, SUITE 1500
PROVIDENCE , RI 02903

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

Signed this 9 Day of June, 2017 at 5:25:14 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 /LAWRENCE F. SMITH/
Signature of Authorized Person

Form No. 631
Revised 09/07

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