



**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. 000025198

2. Name of Corporation New England Organ Bank, Inc.

3. State of Incorporation

State: MA

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

6

813990

4. Corporate Address in Rhode Island

No. and Street: 450 VETERANS MEMORIAL PARKWAY,
SUITE 7A
C/O CT CORPORATION

City or Town: PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 60 FIRST AVENUE

City or Town: WALTHAM State: MA Zip: 02451 Country: USA

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

TO PROMOTE AND IMPLEMENT THE DONATION OF HUMAN ORGANS AND TISSUES
FOR TRANSPLANTATION

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	ALEXANDRA K GLAZIER ESQ.	390 WESTFORD ROAD CONCORD, MA 02451 USA
TREASURER	KEVIN SMITH	25 KENNETH LANE ORLEANS, MA 02653 USA
CHAIR	GEOFFREY CRAWFORD JUDGE	375 S UNION ST BURLINGTON, VT 05401 USA
DIRECTOR	JUDITH PEPE MD	80 SEYMOUR ST HARTFORD, CT 06102 USA
DIRECTOR	WILLIAM ROMAN	80 SEYMOUR ST HARTFORD, CT 06102 USA
DIRECTOR	FRED SORBO	80 SEYMOUR ST HARTFORD, CT 06102 USA
DIRECTOR	HOWARD KOH MD	677 HUNTINGTON AVENUE BOSTON, MA 02115 USA
DIRECTOR	MARY BRUNTON	147 LAUREL ST LONGMEADOW, MA 01106 USA
DIRECTOR	LINDSAY MARTIN	20 UNIVERSITY ROAD CAMBRIDGE, MA 02138 USA
DIRECTOR	PAT BAILLIEUL	3 LUDWIG ROAD NEEDHAM, MA 02494 USA
DIRECTOR	GEOFFREY CRAWFORD JUDGE	375 S UNION STREET BURLINGTON, VT 05401 USA
DIRECTOR	GREGOR ANDERSON	PO BOX 384 HARPSWELL, ME 04079 USA
DIRECTOR	RENEE LANDERS	120 TREMONT STREET BOSTON , MA 02108 USA
DIRECTOR	DONNA FEINSTEIN	49 BROOKMOOR RD AVON, CT 06001 USA
DIRECTOR	MARISOL FELICIANO	114 WOODLAND ST HARTFORD, CT 06105 USA
DIRECTOR	VERNETTE TOWNSEND	759 CHESTNUT ST SPRINGFIELD, MA 01199 USA
DIRECTOR	HEUNG BAE KIM DR	300 LONGWOOD AVE BOSTON, MA 02115 USA
DIRECTOR	GREG COUPER MD	75 FRANCIS STREET BOSTON, MA 02115 USA
DIRECTOR	KEVIN SMITH	25 KENNETH LANE ORLEANS, MA 02653 USA
DIRECTOR	JOREN MADSEN MD	55 FRUIT STREET BOSTON, MA 02114 USA
DIRECTOR	JANICE MAYFORTH	759 CHESTNUT ST SPRINGFIELD, MA 01199 USA
DIRECTOR	GAYLE MURPHY	60 STATE STREET WETHERSFIELD, CT 06161 USA
DIRECTOR	KEITH CHURCHWELL MD	20 YORK STREET NEW HAVEN, CT 06510 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 28 Day of June, 2017 at 1:26:03 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 ALEXANDRA K GLAZIER ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07

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