



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.** 000910214

**2. Name of Corporation** Massachusetts Eye and Ear Infirmary

**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

622110

**4. Corporate Address in Rhode Island**

No. and Street: ONE RANDALL SQUARE, SUITE 203

City or Town: RHODE ISLAND

State: RI Zip: 02904 Country: USA

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

No. and Street: 243 CHARLES STREET

City or Town: BOSTON State: MA Zip: 02114 Country: USA

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

TO HOLD REAL ESTATE

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

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

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN FERNANDEZ	5 OTIS STREET NEEDHAM, MA 02492 USA
TREASURER	JONATHAN UHRIG	183 RIDGEWAY ROAD WESTON, MA 02493 USA
SECRETARY	LYLE HOWLAND	75 ARLINGTON STREET BOSTON, MA 02116 USA
ASSISTANT SECRETARY	MAUREEN S. KELLEY	105 HANCOCK STREET AUBURNDALE, MA 02466 USA
ASSISTANT SECRETARY	MARTHA PYLE FARRELL	67 COCHITUATE ROAD WAYLAND, MA 01778 USA
DIRECTOR	JOAN MILLER	40 WESTLUND AVENUE WINCHESTER, MA 01980 USA
DIRECTOR	DUANE BRADLEY WELLING	125 RUTLEDGE ROAD BELMONT, MA 02478 USA
DIRECTOR	JONATHAN KUTCHINS	28 EXETER STREET #703 BOSTON, MA 02116 USA
DIRECTOR	JOHN FERNANDEZ	5 OTIS STREET NEEDHAM, MA 02492 USA
DIRECTOR	DEWALT ANKENY	601 CARLSON PARKWAY MINNETONKA, MN 55305 USA
DIRECTOR	ROBERT ATCHINSON	200 CLARENDON STREET FL 52 BOSTON, MA 02116 USA
DIRECTOR	JIM CARLISLE	100 FEDERAL STREET BOSTON, MA 02110 USA
DIRECTOR	CHARLES DE GUNZBURG	499 PARK AVENUE NEW YORK, NY 10022 USA
DIRECTOR	HARVEY FREISHTAT	85 WILLISTON ROAD BROOKLINE, MA 02445 USA
DIRECTOR	WYCLIFFE GROUSBECK	226 CAUSEWAY STREET BOSTON, MA 02114 USA
DIRECTOR	EUGENE HILL	ONE BOSTON PLACE BOSTON , MA 02108 USA
DIRECTOR	DIANE E KANEB	140 ORCHARD AVENUE WESTON, MA 02493 USA
DIRECTOR	ROBERT KNAPP	100 SUMMER STREET BOSTON, MA 02116 USA
DIRECTOR	THOMAS LAUER	400 STUART STREET BOSTON, MA 02116 USA
DIRECTOR	ANNETTE NOVA	51 HIGHLAND STREET CAMBRIDGE, MA 02138 USA
DIRECTOR	WILLIAM ROMAN	181 MARLBOROUGH STREET BOSTON, MA 02116 USA
DIRECTOR	TIINA SMITH	15 CLARIDGE DRIVE WESTON, MA 02493 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**

MAGDALENA KRZYSTOLIK, M.D. ONE RANDALL SQUARE, SUITE 203 PROVIDENCE , RI 02904

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

**Signed this 14 Day of July, 2017 at 11:06:47 AM 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 MAUREEN KELLEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations  
All Rights Reserved