



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 91592		2. Exact name of the Corporation Lifespan Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To engage in philanthropic activities to support the mission and purpose of Lifespan Corporation and all affiliated exempt organizations.			
4. NAICS Code 622110 - General Medical an <input type="checkbox"/>					
6. Principal Office Address 167 Point Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy J. Babineau, M.D.			Vice-President Name		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Paul J. Adler			Treasurer Name Mary A. Wakefield		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address Lifespan Corporation, 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Paul J. Adler			Director Name Lawrence A. Aubin, Sr.		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address Aubin Corporation, 1460 Fall River Avenue		
City Providence	State RI	Zip 02903	City Seekonk	State MA	Zip 02771
Director Name Timothy J. Babineau, M.D.			Director Name Mary A. Wakefield		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address Lifespan Corporation, 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Paul J. Adler					Date 7/19/17
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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