



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.

1. Entity ID Number 57758		2. Exact name of the Corporation RIH Ventures			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote the charitable, scientific, and educational purposes of Lifespan Corporation and other entities affiliated with and the provision of phlebotomy services for such corporations and entities.			
4. NAICS Code 622110 - General Medical an <input type="checkbox"/>					
6. Principal Office Address 593 Eddy 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 Nicholas Dominick, Jr.			Vice-President Name		
Street Address Rhode Island Hospital, 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 type="checkbox"/>					
Director Name Paul J. Adler			Director Name Nicholas Dominick, Jr.		
Street Address Lifespan Corporation, 593 Eddy Street			Street Address Rhode Island Hospital, 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Arthur J. Sampson			Director Name		
Street Address The Miriam Hospital, 164 Summit Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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 <i>Paul J. Adler</i>					

FILED

JUL 27 2017

BY *CU 309/20*

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