



**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:** 2018

**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 TO OPERATE AS A CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 501C3 THE INTERNAL REVENUE CODE OF 1986 AS AMENDED

**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**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER HILLYER , MD	310 EAST 67TH STREET NEW YORK, NY 10065 USA
SECRETARY	JORDANA G. SCHWARTZ , ESQ.	310 EAST 67TH STREET NEW YORK, NY 10065 USA
CEO	LAWRENCE F. SMITH	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
CFO	KENNETH N. ALLEN , JR.	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
ASSISTANT SECRETARY	BERNADETTE TISO , ESQ.	310 EAST 67TH STREET NEW YORK, NY 10065 USA
VICE PRESIDENT	SCOTT J. ASADORIAN	405 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	DAVID TENDLER	401 EAST 60TH STREET, APT. 25A NEW YORK, NY 10022 USA
DIRECTOR	CHRISTOPHER HILLYER , MD	301 EAST 67TH STREET NEW YORK, NY 10065 USA
DIRECTOR	MARK SCHMIDTLEIN	822 W. 58TH STREET KANSAS CITY, MO 64113 USA
DIRECTOR	THOMAS HEANEY	4632 WESTWOOD LANE EAGAN, MN 55122 USA
DIRECTOR	CHARLES R. REPPUCCI	100 WESTMINSTER STREET, SUITE 1500 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

**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 17 Day of July, 2018 at 4:43:23 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

Revised 09/07

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