



Department of State - Business Services Division

Annual Report for the year: **2018**
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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CORPORATIONS DIV

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1. Entity ID Number 27567		2. Exact name of the Corporation Newport Hospital			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Facility providing health care services.			
4. NAICS Code 622110 - General Medical and S					
6. Principal Office Address 11 Friendship Street		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Crista F. Durand		Vice-President Name None			
Street Address 11 Friendship Street		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Paul J. Adler		Treasurer Name Mary A. Wakefield			
Street Address 593 Eddy Street		Street Address 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 ☒					
Director Name Lawrence A. Aubin, Sr. (Chair)		Director Name Peter Capodilupo (Vice Chair)			
Street Address Aubin Corporation, 1460 Fall River Avenue		Street Address 345 Thames Street, N207			
City Seekonk	State MA	Zip 02771	City Newport	State RI	Zip 02809
Director Name Alan Litwin (Vice Chair)		Director Name Timothy J. Babineau, M.D.			
Street Address Kahn, Litwin, Renza & Co. Ltd 951 North Main Street		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02904	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Paul J. Adler				Date 8/14/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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Newport Hospital
ID #27567

8. Directors

Emanuel Barrows Bank RI One Turks Head Place Providence, RI 02903
Roger Begin BNY Mellon One Financial Plaza Providence, RI 02903
Jonathan Fain Teknor Apex Company 505 Central Avenue Pawtucket, RI 02861
Edward Feldstein, Esq. Roberts, Carroll, Feldstein, & Pierce, Inc. 10 Weybosset Street Providence, RI 02903
Michael Hanna Blum Shapiro One Capital Way Cranston, RI 02910
Pamela Harrop, M.D. Medical Associates of RI 1180 Hope Street Bristol, RI 02809
Joseph MarcAurele Washington Trust Bancorp 10 Weybosset Street, Suite 101 Providence, RI 02903
Steven Paré City of Providence 325 Washington Street Providence, RI 02903
Lawrence Sadwin 18 Oyster Point Warren, RI 02885
Shivan Subramaniam FM Global 270 Central Avenue Johnston, RI 02919
Jane Williams, Ph.D., R.N. Rhode Island College 600 Mt. Pleasant Avenue Providence, RI 02908