RI SOS Filing Number: 201876271190 Date: 8/30/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 **Non-Profit Corporation**

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CORPORATIONS DIV

2018 AUG 30 AM 9: 54

→ 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	2. Exact name of the Corporation					
27527	Newport Health Care Corporation					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Health care corporation.					
4. NAICS Code	1					
622110 - General Medical and S						
6. Principal Office Address			City	State	Zip	
11 Friendship Street			Newport	RI	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	Zıp 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 ad	ddresses). RI Corp	porations MUST lis	t at least THREE directors.	Check the box to indica	ite 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 Islan	ıd. This information i	is currently of record	in the Department of State Char	nges require filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all stateme				accompanying schedu	les and	
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/	Date 8/14/18	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERFILED						

MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov

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Newport Health Care Corporation ID #27527

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.

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Providence, RI 02903

Michael Hanna

Blum Shapiro

One Capital Way

Cranston, RI 02910

Pamela Harrop, M.D.

Medical Associates of RI

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Bristol, RI 02809

Joseph MarcAurele

Washington Trust Bancorp

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Providence, RI 02903

Steven Paré

City of Providence

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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