RI SOS Filing Number: 201910110140 Date: 8/5/2019 4:00:00 PM

State of Rhode Island and Providence Plantations



Department of State - Business Services Division

Annual Report for the year: 2019 **Non-Profit Corporation**

2019 AUG -5 AM 10: 07

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30

Penalty. Additional \$25,00 lee ii	ionn is not nied by	y July 30.			
1. Entity ID Number	2. Exact name of the Corporation				
000027629	EMMA PENDLETON BRADLEY HOSPITAL				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Psychiatric treatment center/hospital for infants, children, and adolescents and their				
4. NAICS Code	families.				
622110 - General Medical					
6. Principal Office Address	<u>. </u>		City	State	Zip
1011 Veterans Memorial Parkway			East Providence	RI	02915
7. List ALL officers (names and ad	dresses)			Check the box to ind	icate an attachment
President Name Henry Sachs, M.D.			Vice-President Name None		
Street Address 1011 Veterans Memorial Parkway			Street Address		
City East Providence	State RI	^{Zıp} 02915	City	State	Zıp
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	Zıp 02903
8. List ALL directors (names and a	ddresses). RI Co	rporations MUST lis	st at least THREE directors.	Check the box to ind	cate 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 Bristol	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 Address 593 Eddy Street		
City Providence	State RI	^{Zip} 02904	City Providence	State RI	^{7ip} 02903
9. Registered Agent in Rhode Islan	nd. This information	is currently of record	in the Department of State Chan	iges require filing Form (641.
Under penalty of perjury, I decia statements, and that all stateme				ccompanying sched	lules and
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representation				presentative, Receiver or Tr	ustee
Name of Officer/Authorized Representative Paul J. Adler				Date 8/2//	9
Signature of Officer/Authorized Representative FILED				, , , - , ,	
July Mes			·		

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

Website: www.sos.ri.gov

AUG 05 2019

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130 Fox Run East Greenwich, RI 02818

Steven Paré

Commissioner of Public Safety City of Providence 325 Washington Street Providence, RI 02903

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Shivan Subramaniam

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