



RI SOS Filing Number: 201910110320 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

- 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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SECRETARY OF STATE
CORPORATE DIVISION

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1. Entity ID Number 000030296		2. Exact name of the Corporation RHODE ISLAND HOSPITAL			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operating an acute care hospital.			
4. NAICS Code 622110 - General Medical					
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 Margaret M. Van Bree, MHA, DrPH		Vice-President Name None			
Street Address 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 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 <input checked="" type="checkbox"/>					
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	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 8/2/19	
Signature of Officer/Authorized Representative 					

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

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City of Providence
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