



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
CORPORATIONS DIV

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1. Entity ID Number 000039621		2. Exact name of the Corporation LIFESPAN CORPORATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide high quality services through its subsidiaries and its affiliates, biomedical research.			
4. NAICS Code 622110 - General Medical					
6. Principal Office Address 167 Point 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 Timothy J. Babineau, M.D.			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., 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Paul J. Adler					Date 8/2/19
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE FILED

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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FORM 631 - Revised: 06/2019

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Commissioner of Public Safety
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Lawrence Sadwin
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Warren, RI 02885-4117

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