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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020

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Annual Report for the year: 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.

1. Entity ID Number 000039621		2. Exact name of the Corporation LIFESPAN CORPORATION				
3. State of Incorporation	5. Brief descripti	ion of the characte	er of business conducted in Rhoo	de Island		
Rhode Island	To provide hig		ices through Its subsidiarie		s, biomedical	
4. NAICS Code	research.	research.				
622110 - General Medical						
6. Principal Office Address	<u> </u>		City	State	Zip	
167 Point Street			Providence	RI	02903	
7. List ALL officers (names and add	<u></u>			Check the box to indic	ale an attachment	
President Name Timothy J. Babineau, M.D.			Vice-President Name			
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. Wak	cefleid		
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 Capodil	lupo (Vice Chair)		
Street Address Aubin Corporation, 1460 Fall River Ave			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. Ba			
Street Address Kahn, Litwin, Renza & Co., Ltd. 951 North Main			Street Address 593 Eddy Stre			
		^{Zip} 02904	City Providence	State RI	^{Zip} 02903	
9. Registered Agent in Rhode Island			in the Department of State, Changer			
Under penalty of perfury, I declar statements, and that all statemen	re and affirm that i	I have examined	this report, including any acc			
This report must be signed by either the Presi	sident, Vice-President, Se			sentative, Receiver or Trus	it ae .	
Name of Officer/Authorized Represe	entative			Date	<u> </u>	
Paul J. Adler				6/10/20	120	
Signature of Officer/Authorized Repr	resentative	2:20:00				
rang lan		SIGN DOCU	MENT HERLED			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BV 1.9 2020 FV 1.00

FORM 631 - Revised: 06/2019

Lifespan Corporation ID# 39621

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Sarah T. Dowling 50 Park Row West, #216 Providence, RI 02903

Jonathan Fain Chairman & CEO Teknor Apex Company 505 Central Avenue Pawtucket, RI 02861

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Phillip Kydd 40 Metcalf Street Warwick, RI 02888 Martha Mainiero, M.D. Dept. of Diagnostic Imaging Rhode Island Hospital 593 Eddy Street Providence, RI 02903

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

Lawrence Sadwin 8 Oyster Point Warren, RI 02885-4117

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Jane Williams, R.N., Ph.D Dean Emerita, RI College School of Nursing 46 Huntinghouse Lane Scituate, RI 02857