

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020

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2020 JUN 19 AM 11:00

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		2. Exact name of the Corporation				
000039621	LIFESPA	LIFESPAN CORPORATION				
3. State of Incorporation	5. Brief descripti	ion of the characte	er of business conducted in Ri	hode Island		
Rhode Island		gh quality servi	ices through Its subsidia	ries and its affiliate	s, biomedical	
4. NAICS Code	research.	research.				
622110 - General Medical 🔻						
6. Principal Office Address	6. Principal Office Address			State	Zip	
167 Point Street			City Providence	RI	02903	
7. List ALL officers (names and add			<u> </u>	Check the box to indic	ate 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. W	Treasurer Name Mary A. Wakefleld		
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 ac	ddresses). RI Corp	porations MUST IIs	at at least THREE directors.			
Director Name Lawrence A. Aubin, Sr. (Chair)			Director Name	Check the box to Indica	ate an attachment	
			Director Name Peter Capoc			
Street Address Aubin Corporation, 1460 Fall River Ave			Street Address 345 Thamer	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. E	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			in the Department of State. Chan		l1.	
Under penalty of perjury, I declar statements, and that all statement	re and affirm that	I have examined	this report, including any a			
This report must be signed by either the Presi				presentative, Receiver or Trus		
Name of Officer/Authorized Repres		 		Date .		
Paul J. Adler				6/10/20	120	
Signature of Officer/Authorized Rep	resentative	2:2::52				
raw un		SIGN DOCU	MENT HEELED			

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 TOO

FORM 631 - Revised: 06/2019

Lifespan Corporation ID# 39621

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Roger Begin FL Putnam Investment Co. 10 Weybosset St., Ste. 302 Providence, RI 02903

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

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