



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2020 JUN 19 AM 11:00

Annual Report for the year: **2020**

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 000028569		2. Exact name of the Corporation THE MIRIAM HOSPITAL			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To organize, erect, acquire, equip, transact, and maintain a hospital for the sick, disabled, and injured.			
4. NAICS Code 622110 - General Medical ☐					
6. Principal Office Address 164 Summit Avenue		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Arthur J. Sampson			Vice-President Name		
Street Address 164 Summit Avenue			Street Address		
City Providence	State RI	Zip 02906	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 ☒					
Director Name Lawrence A. Aubin, Sr. (Chair)			Director Name Peter Capodilupo (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. 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 841.					
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 6/10/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED JUN 18 2020 GFDSA 11:00	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

The Miriam Hospital
ID: 28569

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FL Putnam Investment Co.
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Chairman & CEO
Teknor Apex
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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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Dean Emerita, RI College School of
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