RI SOS Filing Number: 202193098130 Date: 2/26/2021 10:07:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 Amended
Non-Profit Corporation

R.I. DEPT. OF STATE BUS SVCS DIV

2021 FEB 26 AM 10: 07

-> 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					
000028569	The Miriam Hospital					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To organize, erect, acquire, equip, transact, and maintain a hospital for the sick, disabled, and injured.					
4. NAICS Code	1					
622110 - General Medical and						
6. Principal Office Address	Principal Office Address			State	Zıp	
164 Summit Avenue			Providence	RI	02906	
7. List ALL officers (names and ad	dresses)	·	L	Check the box to indi	cate an attachment	
President Name Maria P. Ducharme, DNP, RN, NEA-BC			Vice-President Name			
Street Address 164 Summit Avenue			Street Address			
City Providence	State RI	Zip 02906	City	State	Zîp	
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 a	ddresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Lawrence Aubin, Sr. (Chair)			Director Name Peter Capodilupo (Vice Chair)			
Street Address 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 Emanuel Barrows			
Street Address 951 North Main Street			Street Address One Turks Head Place			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip ₀₂₉₀₃	
9. The Registered Agent information	on of record with	the RI Departmen	nt of State is accurate. Change	es require filing Form 64	1,	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm to	hat I have examin herein are true an	ed this report, including any od correct.	accompanying sched	lules and	
This report must be signed by either the Pre	sident, Vice-Preside	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized F	Representative, Receiver or Tru	istee.	
Name of Officer/Authorized Repres Paul J. Adler	sentative			2/12/2021		
Signature of Officer/Authorized Rep	oresentative			*		
FILED 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 FEB 2 6 2021

KL 10:07

The Miriam Hospital ID #000028569

8. Directors

Daniel Daniel				
Roger Begin				
10 Weybosset Street, Suite 302				
Providence, RI 02903				
Sarah T. Dowling				
50 Park Row West, #216				
Providence, RI 02903				
Jonathan Fain				
505 Central Avenue				
Pawtucket, RI 02861				
Edward Feldstein, Esq.				
10 Weybosset Street, Suite 800				
Providence, RI 02903				
Ziya Gokaslan, M.D.				
593 Eddy Street				
Providence, RI 02903				
Michael Hanna, CPA				
271 Wordens Pond Road				
Wakefield, RI 02879				
Phillip Kydd				
40 Metcalf Street				
Warwick, RI 02888				
Martha Mainiero, M.D.				
593 Eddy Street				
Providence, RI 02903				
Steven Pare				
325 Washington Street				
Providence, RI 02903				
Lawrence Sadwin				
18 Oyster Point				
Warren, RI 02885				
Shivan Subramaniam				
155 Grotto Avenue				
Providence, RI 02906				
Jane Williams, RN, PhD				
46 Huntinghouse Lane				
Scituate, RI 02857				
Timothy J. Babineau, M.D.				
593 Eddy Street				
Providence, RI 02903				

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

February 26, 2021 10:07 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

