



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000615006

2. Name of Corporation The General Hospital Corporation

3. State of Incorporation

State: MA

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 55 FRUIT STREET
City or Town: BOSTON State: MA Zip: 02114 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

GENERAL HOSPITAL

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER L. SLAVIN, M.D.	55 FRUIT STREET BUL 240 BOSTON, MA 02114 USA
TREASURER	PETER K. MARKELL	800 BOYLSTON STREET SUITE 1150 BOSTON, MA 02199 USA
SECRETARY	JOHN R. HIGHAM, ESQ.	399 REVOLUTION DR. SUITE 660 SOMERVILLE, MA 02145-1471 USA
DIRECTOR/VICE CHAIR	CARL J. MARTIGNETTI	500 JOHN HANCOCK ROAD TAUNTON, MA 02780 USA
DIRECTOR/CHAIR	JONATHAN A. KRAFT	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
DIRECTOR/VICE CHAIR	DIANE B. PATRICK, ESQ.	PRUDENTIAL TOWER 800 BOYLSTON STREET BOSTON, MA 02199 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of June, 2021 at 3:01:37 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN R. HIGHAM ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07

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