



**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. 001084152

2. Name of Corporation YALE NEW HAVEN HEALTH SERVICES CORPORATION

3. State of Incorporation

State: CT

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: 789 HOWARD AVENUE
City or Town: NEW HAVEN State: CT Zip: 06519 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

EDUCATION AND TRAINING SPECIFICALLY IN EMERGENCY MANAGEMENT

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	RICHARD D'AQUILA	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
TREASURER	VINCENT TAMMARO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
SECRETARY	JOSEPH R. CRESPO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
CEO	MARNA BORGSTOM	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	PETER SALOVEY	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MEREDITH B. REUBEN	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	BENJAMIN POLAK	789 HOWARD AVE NEW HAVEN, CT 06519 USA
DIRECTOR	THOMAS B. KETCHUM	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JAMES P. TORGERSON	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	CARLTON L. HIGHSMITH	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MARY C. FARRELL	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	ELLIOT J. SUSSMAN MD	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MARVIN K. LENDER	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JOHN LAHEY	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	B. MICHAEL RAUH	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	JOHN FALCONI	267 GRANT STREET BRIDGEPORT, CT 06610 USA
DIRECTOR	AARON HOLLANDER	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	VINCENT TAMMARO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MARNA BORGSTOM	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JACK CALLAHAN	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JAMES MITCHELL	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	VINCENT CALARCO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JOSEPH R. CRESPO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	LINDA LORIMER	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	W. ROBERT BERKLEY JR.	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA

Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 30 Day of June, 2021 at 6:10:49 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 JOSEPH R. CRESPO
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved