(B)	State of Rhode Island
	State of Rhode Island Department of

State - Business Services Division

Annual Report for the year:	2021	
Non-Profit Corporation		
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difficial Nepolition the year.	2021
Ion-Profit Corporation	
→ Filmo period: June 1 - June 30	

→ Filing Fee: \$20.00

→ Penalty: Additional \$25,00 fee if	form is not filed t	by July 30.		2021 JUL 16 A	10:31			
1. Entity ID Number	2. Exact name	2. Exact name of the Corporation						
000030296	Rhode Isla	Rhode Island Hospital						
3. State of Incorporation	5. Brief descri	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island Hospital	Operating ar	Operating an acute care hospital						
4. NAICS Code	1							
622110 - General Medical and								
6. Principal Office Address			City	State	Zip			
593 Eddy Street			Providence	RI	02903			
7. List ALL officers (names and ad	dresses)	-	1	Check the box to indicate an attachment				
President Name Saul Weingart, 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. Wakefield					
Street Address 593 Eddy Street			Street Address 593 Eddy Street					
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Z_{IP}} 02903			
8. List ALL directors (names and a	ddresses), RI C	orporations MUST	list at least THREE directors.	Check the box to indic	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					
^{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 951 North Main Street			Street Address 593 Eddy Street					
City Providence	State RI	^{Zip} 02904	^{City} Providence	State RI	^{Zip} 02903			
9. The Registered Agent information	on of record with	the RI Departmen	t of State is accurate. Changes	require filing Form 64	1.			
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	ules and			
This report must be signed by either the Pre	sident, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Rej	presentative, Receiver or Tru	stee			
Name of Officer/Authorized Repre Paul J Adler	sentative		FILED	Date 2/7/2	02)			
Signature of Officer/Authorized Re	presentative		JUL 16 2021	——————————————————————————————————————				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Rhode Island Hospital ID #000030296

8. Directors

Emanual Barrows Bank RI One Turks Head Place Providence, RI 02903 Roger Begin F.L. Putnam Investment Co., 10 Weybosset Street, Suite 302 Providence, RI 02903 Sarah T. Dowling 50 Park Row West #216 Providence, RI 02903 Jonathan Fain **Teknor Apex Company** 505 Central Avenue Pawtucket, RI 02861 Edward Feldstein, Esq. Roberts Carroll Feldstein & Peirce, Inc. 10 Weybosset Street, Suite 800 Providence, RI 02903 Ziya Gokaslan, M.D. **Neurosurgery LPG** 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. **Rhode Island Hospital** Department of Diagnostic Imaging 593 Eddy Street Providence, RI 02903 Steven Pare City of Providence 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, Ph.D. Rhode Island College, School of Nursing 46 Huntinghouse Lane Scituate, RI 02857