



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. 001701900

2. Name of Corporation Yale Medical Foundation, Inc.

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



621111

4. Principal Office Address

No. and Street: 333 CEDAR STREET

City or Town: NEW HAVEN

State: CT

Zip: 06510

Country: USA

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

PHYSICIAN GROUP PRACTICE

6. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BABAR KHOKHAR DR	15 YORK STREET NEW HAVEN, CT 06510 USA
TREASURER	STEPHEN C. MURPHY	150 MUNSON STREET NEW HAVEN, CT 06510 USA

SECRETARY	STEPHEN C. MURPHY	150 MUNSON STREET NEW HAVEN, CT 06510 USA
DIRECTOR	GARY DESIR DR	330 CEDAR STREET NEW HAVEN, CT 06510 USA
DIRECTOR	BABAR KHOKHAR DR	15 YORK STREET NEW HAVEN, CT 06510 USA
DIRECTOR	JACK F. CALLAHAN JR.	2 WHITNEY AVENUE NEW HAVEN, CT 06510 USA
DIRECTOR	NANCY BROWN DR	333 CEDAR STREET NEW HAVEN, CT 06510 USA
DIRECTOR	SCOTT STROBEL	2 WHITNEY AVENUE NEW HAVEN, CT 06510 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 24 Day of November, 2021 at 8:28:23 AM 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 BABAR KHOKHAR DR.  
Signature of Authorized Person

Form No. 631  
Revised 09/07