



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
FEB 09 2023
 BY 2042
OS

1. Entity ID Number 000030276		2. Exact name of the Corporation Roger Williams Hospital			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island See Attachment			
4. NAICS Code 622110 - General Medical and <input type="checkbox"/>					
6. Principal Office Address c/o One Citizens Plaza, 10th Floor			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name NONE			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Stephen F. Del Sesto, Liquidating Receiver				Date 2/1/2023	
Signature of Officer/Authorized Representative <i>[Signature]</i> , Liquidating Receiver					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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Roger Williams Hospital Attachment

Brief Description: ID 1706348 Homeopathic Hospital of Rhode Island and ID 1706349 Rhode Island Homeopathic Hospital consolidated to form ID 30276 Rhode Island Homeopathic through the General Assembly during the January Session of 1914 effective 5/6/1914. Evidence of consolidation shows the retention of the 1904 incorporation date to provide healthcare services.

Name and address:

Stephen F. Del Sesto, Esq., Liquidating Receiver
One Citizens Plaza
10th Floor
Providence, RI 02903

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BY _____