

**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: February 1 - May 1

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 - ENTER THE CURRENT FILING YEAR 2023: 2023**1. Corporate ID No.** 001699266**2. Name of Corporation** The Spaulding Rehabilitation 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

622310**4. Principal Office Address**No. and Street: 300 FIRST AVENUECity or Town: CHARLESTOWNState: MAZip: 02129Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ENTER INTO A CONTRACTING ARRANGEMENT AND EMPLOY RI RESIDENTS.
IN THE HOME STATE OF MA THE ENTITY OFFERS HOSPITAL SERVICES.

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
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PRESIDENT	D.O. ROSS D. ZAFONTE	300 FIRST AVENUE CHARLESTOWN , MA 02129 USA
TREASURER	NIYUM GANDHI	300 FIRST AVENUE CHARLESTOWN , MA 02129 USA
SECRETARY	ESQ. MELISSA P. BRENNAN	300 FIRST AVENUE CHARLESTOWN , MA 02129 USA
ASSISTANT SECRETARY	DONNA M. LUKEN	300 FIRST AVENUE CHARLESTOWN , MA 02129 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 April, 2023 at 4:38:19 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 STEPHANIE WAIBEL
Signature of Authorized Person

Form No. 631
Revised 09/07

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