



**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

**Non-Profit Corporation  
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 YEAR 2024:** 2024

**1. Corporate ID No.** 000026641

**2. Name of Corporation** HOSPITAL ASSOCIATION OF RHODE ISLAND

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

813910

**4. Principal Office Address**

No. and Street: 405 PROMENADE STREET, SUITE C

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

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

HOSPITAL TRADE ASSOCIATION

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

**Title**

**Individual Name**

First, Middle, Last, Suffix

**Address**

Address, City or Town, State, Zip Code, Country

PRESIDENT	MARIE TERESA PAIVA WEED	405 PROMENADE STREET, SUITE C PROVIDENCE, RI 02908 USA
DIRECTOR	AARON ROBINSON	100 KENYON AVNUE WAKEFIELD, RI 02879 USA
DIRECTOR	MICHAEL SOUZA	115 CASS AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	MARY MARRAN	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
DIRECTOR	JEFFREY LIEBMAN	825 CHALKSTONE BLVD PROVIDENCE, RI 02908 USA
DIRECTOR	SHANNON SULLIVAN	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	PAARI GOPALAKRISHNAN	455 TOLLGATE ROAD WARWICK, RI 02886 USA
DIRECTOR	HENRY SACHS MD	1011 VETERANS MEMORIAL PKWY RIVERSIDE, RI 02915 USA
DIRECTOR	MICHAEL WAGNER MD	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
DIRECTOR	BRETT JOHNSON	111 HOWARD AVE CRANSTON, RI 02920 USA
DIRECTOR	JOHN FERNANDEZ	167 POINT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MARIA DUCHARME	164 SUMMIT AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	CRISTA DURAND	20 POWEL AVENUE NEWPORT, RI 02840 USA
DIRECTOR	LAWRENCE CONNELL	830 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	BRENDA MELONE	116 EDDIE DOWLING HWY N. SMITHFIELD, RI 02896 USA
DIRECTOR	AMANDA OBERLIES	800 W CUMMINGS PARK WOBBURN, MA 01801 USA
DIRECTOR	IRWIN BIRNBAUM JD	60 DAVENPORT AVENUE NEW HAVEN, CT 06501 USA
DIRECTOR	EDWARD MCGOOKIN MD	10 DAVOL SQUARE PROVIDENCE, RI 02903 USA
DIRECTOR	PATRICIA POITEVIEN MD	222 RICHMOND STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ANA TUYA FULTON MD	4 RICHMOND SQUARE PROVIDENCE, RI 02908 USA
DIRECTOR	RICHARD LISITANO	25 WELLS STREET WESTERLY, RI 02891 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**

M. TERESA PAIVA WEED 405 PROMENADE STREET, SUITE C PROVIDENCE , RI 02908

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

**Signed this 22 Day of February, 2024 at 10:11:18 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 KRISTIN BRENNAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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