



**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 YEAR 2024:** 2024

**1. Corporate ID No.** 001084152

**2. Name of Corporation** YALE NEW HAVEN HEALTH SERVICES CORPORATION

**3. State of Incorporation**

State: CT

**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  
622110

**4. Principal Office Address**

No. and Street: 789 HOWARD AVE.

City or Town: NEW HAVEN State: CT Zip: 06519 Country: USA

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

EDUCATION AND TRAINING SPECIFICALLY IN EMERGENCY MANAGEMENT

**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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TREASURER	GAIL KOSYLA	789 HOWARD AVE NEW HAVEN, CT 06519 USA
SECRETARY	WILLIAM J. ASELTINE ESQ.	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
CEO	CHRISTOPHER O CONNOR	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	WILLIAM J. ASELTINE ESQ.	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	CHRISTOPHER O CONNOR	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	AARON HOLLANDER	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	B. MICHAEL RAUH	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	CARLTON L. HIGHSMITH	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	ED RODRIGUEZ	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	JACK CALLAHAN	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JAMES P. TORGERSON	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JOCELYN CUNNINGHAM	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	JOHN J. FALCONI	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JOHN LAHEY	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	JONATHAN LEWIN MD	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	LINDA LORIMER	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	MARY C. FARRELL	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	PETER SALOVEY	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	SCOTT STROBEL	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	THOMAS B. KETCHUM	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	VINCENT CALARCO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
DIRECTOR	W. ROBERT BERKLEY JR.	789 HOWARD AVE. NEW HAVEN, CT 06519 USA
DIRECTOR	GAIL KOSYLA	789 HOWARD AVE. NEW HAVEN, CT 06519 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 20 Day of May, 2024 at 12:15:18 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 REBECCA A. MATTHEWS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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