RI SOS Filing Number: 202565597410 Date: 2/17/2025 4:00:00 PM

State of Rhode Island	FILED
Department of State - Business Services Division	Gen CEARAD
Annual Report for the year: 2025	FEB \$7 2025P
Non-Profit Corporation ————	BY WEST
Filling period: February 1 - May 1	
→ Filing Fee: \$20.00	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31	$\sim_0$

→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.			$\smile_0$	
1. Entity ID Number 000030276	2 Exact name of the Corporation Roger Williams Hopsital					
3 State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island     See Attachment					
4. NAICS Code 622110						
6. Principal Office Address c/o One Citizens Plaza, 1	Oth floor	-	City Providence	State RI	Zip 02903	
7. List ALL officers (names and add	dresses)		Check th	e box to indicate an a	ttachment V	
President Name NONE			Vice-President Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Secrelary Name	1	1	Treasurer Name	_1	<u>.</u>	
Street Address		Street Address				
City	State	Zip	City	State	Zip	
8. List ALL directors (names and ac	dresses). RI Corp	porations MUST lis		no how to radioate an	**************************************	
Director Name NONE			Check the box to indicate an attachment 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	Zıp	
9. The Registered Agent informatio	n of record with th	e RI Department o	of State is accurate. Changes require	e filing Form 641.		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained he	I have examined rein are true and	this report, including any accom	panying schedule	s and	
			cretary, Treasurer, duly Authonzed Representa	live Receiver or Trustee	<del>,</del>	
Name of Officer/Authorized Representative				Date		
Stephen F. Del Sesto, Liquidating Receiver			er	2/6/2025		
Signature of Officer/Authorized Rep	resentative	tiguidatin	s Receiver			
		<i>V</i>				

MAIL TO:

**Division of Business Services** 

148 W River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

## 2025 Annual Report Non-Profit Corporation 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 10<sup>th</sup> Floor Providence, RI 02903