

**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 2025: 2025**1. Corporate ID No.** 000557767**2. Name of Corporation** The Massachusetts General Hospital**3. State of Incorporation**State: MA**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

622310**4. Principal Office Address**No. and Street: 55 FRUIT STREETCity or Town: BOSTONState: MAZip: 02114Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO ENGAGE IN CHARITABLE FUND RAISING ACTIVITIES**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	F DAVID F. M. BROWN M.D.	55 FRUIT STREET BOSTON, MA 02114 USA
TREASURER	NIYUM GANDHI	55 FRUIT STREET BOSTON, MA 02114 USA
SECRETARY	JOHN R. HIGHAM ESQ.	55 FRUIT STREET BOSTON, MA 02114 USA
ASSISTANT SECRETARY	DAVID F. SWANSON	55 FRUIT STREET BOSTON, MA 02114 USA
ASSISTANT TREASURER	SALLY MASON BOEMER	55 FRUIT STREET BOSTON, MA 02114 USA
CHAIR	JONATHAN A. KRAFT	55 FRUIT STREET BOSTON, MA 02114 USA
VICE CHAIR	CARL J. MARTIGNETTI	55 FRUIT STREET BOSTON, MA 02114 USA
VICE CHAIR	DIANE B. PATRICK ESQ.	55 FRUIT STREET BOSTON, MA 02114 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 1 Day of April, 2025 at 12:35:44 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