

**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.** 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 AVECB230City or Town: NEW HAVENState: CTZip: 06519Country: 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., CB230 NEW HAVEN, CT 06519 USA
SECRETARY	WILLIAM J. ASELTYN	789 HOWARD AVE., CB 230 NEW HAVEN, CT 06519 USA
CEO	CHRISTOPHER O'CONNOR	789 HOWARD AVE NEW HAVEN, CT 06519 USA
DIRECTOR	CHRISTOPHER O'CONNOR	789 HOWARD AVE NEW HAVEN, CT 06519 USA
DIRECTOR	GAIL KOSYLA	789 HOWARD AVE., CB230 NEW HAVEN, CT 06519 USA
DIRECTOR	WILLIAM J. ASELTYN	789 HOWARD AVE., CB 230 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 29 Day of April, 2025 at 4:30:52 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 WILLIAM J. ASELTYN
Signature of Authorized Person

Form No. 631
Revised 09/07

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