RI SOS Filing Number: 202213378910 Date: 3/21/2022 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2022
Non-Profit Corporation	

- -> Filing period: February 1 May 1
- → Fifing Fee: \$20.00
- -> Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation						
000027567	Newport Hospital						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Facility providing healthcare services.						
4. NAICS Code	, , , , , , , , , , , , , , , , , , , ,						
622110 - General Medical and Su							
6. Principal Office Address	, <u> </u>		City	State	Zip		
11 Friendship Street			Newport	RI	02840		
7. List ALL officers (names and add	fresses)		Che	ck the box to indicate	an attachment		
President Name Crista F. Durand			Vice-President Name				
Street Address 11 Friendship Street			Street Address				
City Newport	State RI	^{Zip} 02840	City	State	Zip		
Secretary Name Paul J. Adler			Treasurer Name David A. Kirshner, EVP, CFO				
Street Address 593 Eddy Street			Street Address 593 Eddy Street				
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Lawrence Aubin, Sr. (Chair)			Director Name Peter Capodilupo (Vice Chair)				
Street Address 1460 Fall River Avenue			Street Address 345 Thames Street				
^{City} Seekonk	State MA	^{Zip} 02771	Cily Bristol	State RI	^{Zip} 02809		
Director Name Alan Litwin (Vice Chair)			Director Name Timothy J. Babineau, M.D.				
Street Address 951 North Main Street			Street Address 593 Eddy Street				
^{City} Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Zip} 02903		
9. The Registered Agent information	n of record with th	e RI Department o	of State is accurate. Changes require	filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
This report must be signed by either the Pres	ident, Vice-President, (Secretary, Assistant Se	cretary, Treesurer, duly Authorized Representa	ive. Receiver or Truste	9.		
•	ne of Officer/Authorized Representative ul J. Adler Date 3/8/202						
Paul J. Adler				1022			
Signature of Officer/Agithor@ed Per	esentative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 21 2022 BDJKVC1

(FLED)

FORM 631 - Revised: 11/2021

Newport Hospital

ID #000027567

8. Directors

o. Directors
Emanual Barrows
Bank RI
One Turks Head Place
Providence, RI 02903
Roger Begin
F.L. Putnam Investment Co.,
10 Weybosset Street, Suite 302
Providence, RI 02903
Sarah T. Dowling
50 Park Row West #216
Providence, RI 02903
Edward Feldstein, Esq.
Roberts Carroll Feldstein & Peirce, Inc.
10 Weybosset Street, Suite 800
Providence, RI 02903
Ziya Gokaslan, M.D.
Neurosurgery LPG
593 Eddy Street
Providence, RI 02903
Michael Hanna, CPA
271 Wordens Pond Road
Wakefield, RI 02879
Phillip Kydd
40 Metcalf Street
Warwick, RI 02888
Martha Mainiero, M.D.
Rhode Island Hospital
Department of Diagnostic Imaging
593 Eddy Street
Providence, RI 02903
Steven Pare
City of Providence
325 Washington Street
Providence, RI 02903
Lawrence Sadwin
18 Oyster Point
Warren, RI 02885
Shivan Subramaniam
155 Grotto Avenue
Providence, RI 02906
Jane Williams, RN, Ph.D.
Rhode Island College, School of Nursing
46 Huntinghouse Lane
Scituate, RI 02857