



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

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

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 BUS SVCS DIV

2023 APR -5 A 11:10

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 000027542		2. Exact name of the Corporation Newport Health Property Management, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Property management of healthcare.			
4. NAICS Code 622110 General Medical and Su					
6. Principal Office Address 167 Point Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas Dominick, Jr.		Vice-President Name			
Street Address 593 Eddy Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Paul J. Adler		Treasurer Name Eva Greenwood			
Street Address 167 Point Street		Street Address 167 Point 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 <input type="checkbox"/>					
Director Name Paul J. Adler		Director Name John Fernandez			
Street Address 167 Point Street		Street Address 167 Point Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Eva Greenwood		Director Name Nicholas Dominick, Jr.			
Street Address 167 Point Street		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. The Registered Agent information of record with the RI Department 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Paul J. Adler				Date 2/11/2023	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

APR 05 2023
 BY ML 100095439