RI SOS Filing Number: 202332405700 Date: 4/5/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

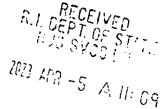
Annual Report for the year: **Non-Profit Corporation**

2023

-> Filing period February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



STAMP

						
1. Entity ID Number	2 Exact name of the Corporation					
000030296	Rhode Island Hospital					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Operating an acute care hospital.					
4 NAICS Code	1		··			
622110 - General Medical and Su						
6. Principal Office Address			City	State	Zip	
593 Eddy Street			Providence	RI	02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Saul Weingart, M.D.			Vice-President Name			
Street Address 593 Eddy Street			Street Address			
^{City} Providence	State RI	^{Zip} 02903	City	State	Zıp	
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						
Director Name Lawrence Aubin, Sr. (Chair)			Director Name Peter Capodilupo (Vice Chair)			
Street Address 1460 Fall River Avenue			Street Address 345 Thames Street; N207			
^{City} Seekonk	State MA	^{Zip} 02771	^{City} Bristol	State RI	^{Zip} 02809	
Director Name Alan Litwin (Vice Chair)			Director Name John Fernandez			
Street Address 951 North Main Street			Street Address 167 Point Street			
^{City} Providence	State RI	^{Zip} 02904	City Providence	State RI	^{Zip} 02903	
9. The Registered Agent information	on of record with th	ne RI Department	of State is accurate. Changes requi	re 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 President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative Date						
Paul J. Adler				2/11/203	² 3	
Signature on Officer/Authorized Rep	presentative					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021

_Rhode Işland Hospital اقباد 000030296

8. 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
112 Forest Park Road
Cranston, RI 02920
Lawrence Sadwin
18 Oyster Point
Warren, RI 02885
Shivan Subramaniam
155 Grotto Avenue
Providence, RI 02906
Jane Williams, RN, Ph.D.
Dean, Emerita
Rhode Island College, School of Nursing
46 Huntinghouse Lane
Scituate, RI 02857