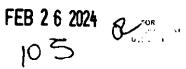
RI SOS Filing Number: 202447959420 Date: 2/26/2024 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

STAMP

Annual Report for the year: 2024 **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.

-> Penalty Additional \$25.00 lee ii	ionin is not nied by	Iviay 51.			
1. Entity ID Number 000030276	2. Exact name of the Corporation Roger Williams Hospital				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	See Attachment				
4. NAICS Code					
622110					
6. Principal Office Address		<u> </u>	Loan	State	Zip
c/o One Citizens Plaza, 10th Floor			City Providence	RI	02903
					0200
7. List ALL officers (names and addresses) Check the box to indicate an attach					tachment
President Name NONE			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
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.					
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	
Stephen F. Del Sesto, Liquidating Receiver				2/7/2024	
Signature of Officer/Authorized Representative					
Siguidating Receiver					

MAIL TO:

Division of Business Services

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

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

2024 Annual Report Non-Profit Corporation Roger Williams Hospital Attachment

Brief Description: ID 1706348 Homeopathic Hospital of Rhode Island and ID 1706349 Rhode Island Homeopathic Hospital consolidated to form ID 30276 Rhode Island Homeopathic through the General Assembly during the January Session of 1914 effective 5/6/1914. Evidence of consolidation shows the retention of the 1904 incorporation date to provide healthcare services.

Name and address:

Stephen F. Del Sesto, Esq., Liquidating Receiver One Citizens Plaza 10th Floor Providence, RI 02903