



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 000027536		2. Exact name of the Corporation Newport Hospital Foundation, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Investment manager for healthcare			
4. NAICS Code 813319-Other Social					
6. Principal Office Address 11 Friendship Street			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Victoria Johnson			Treasurer Name Paul Maratta (without vote)		
Street Address 487 Union Street			Street Address 11 Friendship Street		
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Carol R. Bazarsky (Chair)			Director Name Barbara van Beuren (Vice Chair)		
Street Address 59 Kay Boulevard			Street Address 180 Wapping Road		
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Director Name Gail Alofsin			Director Name John Fernandez (ex officio)		
Street Address 23 Damon Street			Street Address 167 Point Street; Suite 2B		
City Newport	State RI	Zip 02840	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Crista F. Durand					Date 2.12.24
Signature of Officer/Authorized Representative 					

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

FILED

MAR 14 2024

BY ML 100101280

FORM 631- Revised: 12/2023

**Newport Hospital Foundation
ID #000027536**

8. Directors

John Brooks 47 Seascape Avenue, #A Middletown, RI 02842
Edward D. Feldstein 350 Taber Avenue Providence, RI 02906
Rita B. Gewirz 261 Olney Street Providence, RI 02906
Anne F. Hamilton 1001 Rock Creek Road Bryn Mawr, PA 19010
Victoria Johnson 487 Union Street Portsmouth, RI 02871
Patricia Norton Kidder 7 Ridge Road Newport, RI 02840
Elizabeth W. Leatherman 140 Brenton Road Newport, RI 02840
Paul A. Leys 57 Ruggles Avenue Newport, RI 02840
Thomas E. McGue, MD 207 Carriage Drive Portsmouth, RI 02871
Ann Menco 1250 North Lake Shore Drive Chicago, IL 60610
Jonathan H. Pardee 540 Bellevue Avenue Newport, RI 02840
Isabella D. Ridall 20 Ledge Road Newport, RI 02840
Arthur J. Sampson 146 Church Pond Drive Tiverton, RI 02878
Sarah Schochet-Henken 48 Bridge Street Medfield, MA 02052
Nancy Schreiber, M.D. 6 Carroll Avenue Newport, RI 02840
Sharon Wood -Prince 2 Kane Avenue Middletown, RI 02842