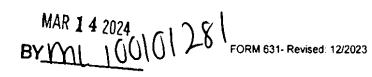
RI SOS Filing Number: 202449068850 Date: 3/14/2024 4:00:00 PM

				24.	<u></u>
State of Rhode Island	_			ာင္ပ	
Department of St	ate - Busines	s Services D	Division	ာပည မြောင်	
Annual Report for the year	: 2024			2 G	
Non-Profit Corporation → Filing period: February 1 - May 1	1			EG:	
→ Filing Fee: \$20.00				37: 37:	
→ Penalty: Additional \$25,00 fee if 1. Entity ID Number	· · · · · · · · ·		-	2	
000027567	2 Exact name of the Corporation Newport Hospital				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Facility providing healthcare services.				
4. NAICS Code 622110-General Medical					
6. Principal Office Address			City	State	Zip
11 Friendship Street			Newport	RI	02840
7. List ALL officers (names and ad	*			eck the box to indicate ar	n attachment
President Name Crista F. Durand			Vice-President Name		
Street Address 11 Friendship		Street Address			
City Newport	State RI	^{Zip} 02840	City	State	Zip
Secretary Name Paul J. Adler			Treasurer Name Peter Markell		
Street Address 167 Point Street; Suite 2B			Street Address 167 Point Street; Suite 2B		
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903
8. List ALL directors (names and a	ddresses). RI Com	oorations MUST li		neck the box to indicate a	in 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	Z _{IP} UŽOUS
Director Name Alan Litwin (Vice Chair)			Director Name John Fernandez		
Street Address 951 North Main Street		Street Address 167 Point Street; Suite 2B			
^{City} Providence	State RI	^{Zip} 02904	City Providence	State RI	Zip 02903
9. The Registered Agent information	on of record with th	e RI Department	of State is accurate. Changes r	equire filing Form 641	
Under penalty of perjury, I decla statements, and that all stateme				companying schedu	iles and
This report must be signed by either the Pre		-		resentative, Receiver or Trus	itee.
Name of Officer/Authorized Representative Paul J. Adler				2/74/2	1024
Signature of Officer/A0thofized Rep	presentative				
MAIL TO:			FILED		

Division of Business Services

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

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



Newport Hospital ID #000027567

8. Directors

Bank RI One Turks Head Place Providence, RI 02903
Providence, RI 02903
Donor Donin
Roger Begin
F.L. Putnam Investment Co.,
10 Weybosset Street, Suite 302
Providence, RI 02903
Chris Cocks
President & CEO
Hasbro, Inc.
1027 Newport Avenue
Pawtucket, RI 02861
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
Paula McNamara
91 Main Street, Ste 118
Warren, RI 02885
Janet Robinson
95 Webster Street
Newport, RI 02840
Lawrence Sadwin
18 Oyster Point
Warren, RI 02885
Shivan Subramaniam
155 Grotto Avenue
Providence, RI 02906

Angel Tavares Adler Pollock & Sheehan, P.C. One Citizens Plaza, 8th Floor Providence, RI 02903

Newport Hospital ID #000027567

8. Directors

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