



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 000027567		2. Exact name of the Corporation Newport Hospital			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Facility providing healthcare services.			
4. NAICS Code 622110-General Medical					
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 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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 02803
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 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 2/24/2024
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 100101281

FORM 631- Revised: 12/2023

Newport Hospital
ID #000027567

8. Directors

Emanuel 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
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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