


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90035 001 \*\*\*210.00

<b>DOCUMENT # F05000002977</b>		
1. Entity Name NEWPORT HOSPITAL FOUNDATION, INC.		

Principal Place of Business 11 FRIENDSHIP STREET NEWPORT, RI 02840	Mailing Address 11 FRIENDSHIP STREET NEWPORT, RI 02840
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**66000783**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number 22-2535533	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET, SUITE 400 WEST PALM BEACH, FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CUNNINGHAM, DAVID F M.D. 850 AQUIDNECK AVENUE MIDDLETOWN, RI 02842 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Fazzano, Louis A. Ten Barney Street Newport, RI 02840 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FAZZANO, LOUIS A TEN BARNEY STREET NEWPORT, RI 02840 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONE, M. THERESE 100 OCHRE POINT AVENUE NEWPORT, RI 02840 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Capodilupo, Jennifer 285 East Main Road Middletown, RI 02842 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, CHRISTINE H 76 BELLEVUE AVENUE NEWPORT, RI 02840 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DiBari, Peter M. 24 School Street Newport, RI 02840 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMPSON, ARTHUR J 11 FRIENDSHIP STREET NEWPORT, RI 02840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOCHET, SUZETTE D 11 LEROY AVENUE NEWPORT, RI 02840 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **1-30-06** **401-845-1570**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

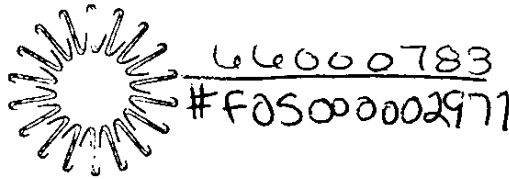
66000783

FO5000002977

10. Officers and Directors	11. Additions/Changes to Officers and Directors in 10
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title T <input type="checkbox"/> Change Name Kashmanian, Ann K. <input checked="" type="checkbox"/> Addition Street Address 11 Friendship Street City - St - Zip Newport, RI 02840
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Ellis, John H. <input checked="" type="checkbox"/> Addition Street Address 242 Church Pond Drive City - St - Zip Tiverton, RI 02878
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Leinhos, Amanda Frye <input checked="" type="checkbox"/> Addition Street Address 20 Dr. Marcus Wheatland Boulevard City - St - Zip Newport, RI 02840
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Gill, Christine A. M.D. <input checked="" type="checkbox"/> Addition Street Address 42 Valley Road, PO Box 4519 City - St - Zip Middletown, RI 02842
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Johnson, Victoria <input checked="" type="checkbox"/> Addition Street Address 487 Union Street City - St - Zip Portsmouth, RI 02871
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Massed, Stephen P. <input checked="" type="checkbox"/> Addition Street Address 31 America's Cup Avenue City - St - Zip Newport, RI 02840
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name McMahon, Thomas P. M.D. <input checked="" type="checkbox"/> Addition Street Address 29 Powel Avenue City - St - Zip Newport, RI 02840
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Purviance, James A. <input checked="" type="checkbox"/> Addition Street Address 42 Weybosset Street City - St - Zip Providence, RI 02903
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Settle, W. Sydnor <input checked="" type="checkbox"/> Addition Street Address Long Hill Road, P.O. Box 411 City - St - Zip New Vernon, NJ 07976
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Stengel, Charles L. <input checked="" type="checkbox"/> Addition Street Address 11 Friendship Street City - St - Zip Newport, RI 02840
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Tucker, Bruce G. <input checked="" type="checkbox"/> Addition Street Address 55 Hammerlund Drive City - St - Zip Middletown, RI 02842
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title <input type="checkbox"/> Change Name <input type="checkbox"/> Addition Street Address City - St - Zip
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title <input type="checkbox"/> Change Name <input type="checkbox"/> Addition Street Address City - St - Zip

ATTACHMENT

**Lifespan**



February 3, 2006

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

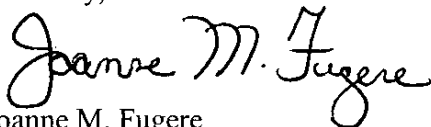
Dear Sir:

Enclosed are the 2006 Non-For-Profit Corporation Annual Reports for:

Newport Hospital Foundation, Inc. # 050000029777  
Rhode Island Hospital Foundation, Inc. # 05000003020  
The Miriam Hospital Foundation, Inc. # 05000003022

Also enclosed is a check in the amount of \$210 made payable to the Florida Department of State to cover the cost of the filing fees as well as the certificate of status for each corporation. If you require any further information, please do not hesitate to contact me.

Sincerely,

  
Joanne M. Fugere  
Business Manager & Paralegal

Enclosures