

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90050 050 \*\*\*\*70.00

DOCUMENT # F05000002977	
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
--------------------------------------------------------------------------	--------------------------------------------------------------

40023469



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number 22-2535533	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET, SUITE 400 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---------------------------------------------	-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FAZZANO, LOUIS A TEN BARNEY ST 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	D CAPODILUPO, JENNIFER 285 EAST MAIN RD MIDDLETOWN, RI 02842 <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	D DIBARI, PETER M 24 SCHOOL ST 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	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

*Anthony*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07

Date

401-845-1502

Daytime Phone #

**ATTACHMENT**  
40023469  
#F05000002927

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