


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-07-2006 90035 001 ***210.00

DOCUMENT # F05000003020

1. Entity Name
 RHODE ISLAND HOSPITAL FOUNDATION INC.



Principal Place of Business
 593 EDDY STREET
 PROVIDENCE, RI 02903

Mailing Address
 593 EDDY STREET
 PROVIDENCE, RI 02903

6600U784

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01202006 Chg-NP CR2E037 (11/05)

4. FEI Number
 05-0468736 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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 LANNUCCILLI, EDWARD A M.D. 70 HIGH STREET BRISTOL, RI 028092011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Iannuccilli, Edward A. M.D. 70 High Street Bristol, RI 02809-2011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BOSS, RUSSELL 55 WILLIAMS STREET PROVIDENCE, RI 02906 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Aubin, Lawrence A. Sr. 1460 Fall River Avenue Seekonk, MA 02771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUBIN, LAWRENCE A SR 1460 FALL RIVER AVENUE SEEKONK, MA 02771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Lee, Michael A. 15 Westminster Street Providence, RI 02903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROWS, EMANUEL 76 WESTMINSTER STREET PROVIDENCE, RI 02903 <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 AMARAL, JOSEPH F M.D. 593 EDDY STREET PROVIDENCE, RI 02903 <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 BENNETT, EDMUND C 50 SOUTH MAIN STREET PROVIDENCE, RI 02903 <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: Joseph F. Amaral Date: 1/30/06 Daytime Phone #: 401-444-5131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

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10. Officers and Directors	11. Additions/Changes to Officers and Directors in 10
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Boss, Russell <input checked="" type="checkbox"/> Addition Stree Address 55 Williams Street City - St - Zip Providence, RI 02906-1028
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Carolan, Richard F. Jr. <input checked="" type="checkbox"/> Addition Stree Address 10 Weybosset Street, Suite 302B City - St - Zip Providence, RI 02903
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Chace, Malcolm III <input checked="" type="checkbox"/> Addition Stree Address 1 Providence Washington Plaza City - St - Zip Providence, RI 02903
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Chafee, Stephanie D. <input checked="" type="checkbox"/> Addition Stree Address 366 Victory Highway City - St - Zip Exeter, RI 02822-1142
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Collis, Ellen A. <input checked="" type="checkbox"/> Addition Stree Address 233 Rumstick Point Road City - St - Zip Barrington, RI 02806-4923
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Corrao, William M.D. <input checked="" type="checkbox"/> Addition Stree Address 1285 South County Trail City - St - Zip East Greenwich, RI 02818-1620
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Drew, Thomas J. M.D. <input checked="" type="checkbox"/> Addition Stree Address 2 Dudley Street City - St - Zip Providence, RI 02905
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Duffy, David <input checked="" type="checkbox"/> Addition Stree Address 222 Richmond 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 Goddard, Moses M.D. <input checked="" type="checkbox"/> Addition Stree Address 155 Pelletier Lane City - St - Zip Tiverton, RI 02878-3007
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Haffenreffer, David <input checked="" type="checkbox"/> Addition Stree Address 65 Congdon Street City - St - Zip Providence, RI 02906-1353
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Haynes, General Thomas J <input checked="" type="checkbox"/> Addition Stree Address One Minuteman Way City - St - Zip North Kingstown, RI 02852
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Jobbers, Muriel E. <input checked="" type="checkbox"/> Addition Stree Address 1 Citizens Plaza City - St - Zip Providence, RI 02903
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Mauran, Louise S. <input checked="" type="checkbox"/> Addition Stree Address 120 Congdon Street City - St - Zip Providence, RI 02906-1413

ATTACHMENT

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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 D <input type="checkbox"/> Change Name Perik, Michael J. <input checked="" type="checkbox"/> Addition Street Address 313 Washington Street #225 City - St - Zip Newton, MA 02458
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Schepps, Barbara M.D. <input checked="" type="checkbox"/> Addition Street Address 2 Dudley Street City - St - Zip Providence, RI 02905
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Solomon, Catherine <input checked="" type="checkbox"/> Addition Street Address 65 Taggart Court City - St - Zip East Greenwich, RI 02818
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Tanury, Thomas A. <input checked="" type="checkbox"/> Addition Street Address 6 New England Way City - St - Zip Lincoln, RI 02865
Title <input type="checkbox"/> Delete Name Street Address City - St - Zip	Title D <input type="checkbox"/> Change Name Williams, Jane R.N., Ph.D. <input checked="" type="checkbox"/> Addition Street Address Rhode Island College City - St - Zip Providence, RI 02908
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
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
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