

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002977

Entity Name: NEWPORT HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**11 FRIENDSHIP STREET
NEWPORT, RI 02840**Current Mailing Address:**167 POINT STREET
SUITE 2B
PROVIDENCE, RI 02903**FEI Number:** 22-2535533**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	CAPODILUPO, PETER
Address	345 THAMES STREET N207
City-State-Zip:	BRISTOL RI 02809

Title	SECRETARY
Name	GORDON, DAVID S
Address	51 RIDGE ROAD
City-State-Zip:	NEWPORT RI 02840

Title	PRESIDENT
Name	DURAND, CRISTA F.
Address	NEWPORT HOSPITAL 11 FRIENDSHIP STREET
City-State-Zip:	NEWPORT RI 02840

Title	TRUSTEE
Name	CORCORAN, WILLIAM J.
Address	NEWPORT TENT COMPANY 27 HIGHPOINT AVENUE
City-State-Zip:	PORTSMOUTH RI 02871

Title	TRUSTEE
Name	GEWIRZ, RITA B
Address	261 ONLEY STREET
City-State-Zip:	PROVIDENCE RI 02906

Title	TREASURER
Name	DAWSON, MICHAEL
Address	NEWPORT HOSPITAL 11 FRIENDSHIP STREET
City-State-Zip:	NEWPORT RI 02840

Title	TRUSTEE
Name	ANTONE, SR. M. THERESE
Address	SALVE REGINA UNIVERSITY 100 OCHRE POINT AVENUE
City-State-Zip:	NEWPORT RI 02840

Title	TRUSTEE
Name	CULLEN, NOREY DOTTERER
Address	11 REDWOOD STREET
City-State-Zip:	NEWPORT RI 02840

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRISTA F. DURAND**PRESIDENT****03/29/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TRUSTEE
Name KIDDER, PATRICIA NORTON
Address 7 RIDGE ROAD
City-State-Zip: NEWPORT RI 02840

Title TRUSTEE
Name PATTIE, SANDRA J.
Address BANK NEWPORT
P.O. BOX 450
City-State-Zip: NEWPORT RI 02840

Title TRUSTEE
Name STENGEL, CHARLES L. M.D.
Address 346 PARADISE AVENUE
City-State-Zip: MIDDLETOWN RI 02842

Title EX-OFFICIO
Name AUBIN, LAWRENCE SR.
Address AUBIN CORPORATION
1460 FALL RIVER AVENUE
City-State-Zip: SEEKONK MA 02771

Title TRUSTEE
Name PARDEE, JONATHAN H
Address 540 BELLEVUE AVENUE
City-State-Zip: NEWPORT RI 02840

Title VC
Name FELDSTEIN, EDWARD
Address 350 TABER AVENUE
City-State-Zip: PROVIDENCE RI 02906

Title TRUSTEE
Name BAZARSKY, CAROL
Address 59 KAY BOULEVARD
City-State-Zip: NEWPORT RI 02840

Title TRUSTEE
Name HENKEN, SARAH SCHOCHET
Address 48 BRIDGE STREET
City-State-Zip: MEDFIELD MA 02052

Title TRUSTEE
Name MCLENNAN, JULIETTE C.
Address 231 INDIAN AVENUE
City-State-Zip: PORTSMOUTH RI 02871

Title TRUSTEE
Name PURVIANCE, JAMES A.
Address 86 MILL STREET
City-State-Zip: NEWPORT RI 02840

Title EX-OFFICIO
Name BABINEAU, TIMOTHY J. M.D.
Address LIFESPAN CORPORATION
593 EDDY STREET
City-State-Zip: PROVIDENCE RI 02903

Title TRUSTEE
Name BANNISTER, HOLLY M.D.
Address 740 BELLEVUE AVENUE
City-State-Zip: NEWPORT RI 02840

Title TRUSTEE
Name WOOD-PRINCE, SHARON
Address FAIRVIEW
2 KANE AVENUE
City-State-Zip: MIDDLETOWN RI 02842

Title TRUSTEE
Name GRAY, BRADFORD M.D.
Address 16 STANTON ROAD
City-State-Zip: PORTSMOUTH RI 02871

Title TRUSTEE
Name LEYS, PAUL A
Address 57 RUGGLES AVENUE
City-State-Zip: NEWPORT RI 02840