

2023 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:**245 CHAPMAN STREET
SUITE 200
PROVIDENCE, RI 02905 US**FEI Number:** 22-2535533**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	TRUSTEE
Name	ALOFSIN, GAIL
Address	23 DAMON STREET
City-State-Zip:	NEWPORT RI 02840

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

Title	TRUSTEE
Name	CAPODILUPO, PETER
Address	345 THAMES STREET
City-State-Zip:	NEWPORT RI 02840

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

Title	LIFE TRUSTEE WITHOUT VOTE
Name	ANTONE, M. THERESE RSM
Address	SALVE REGINA UNIVERSITY 100 OCHRE POINT AVENUE
City-State-Zip:	NEWPORT RI 02840

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

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

Title	TRUSTEE
Name	HAMILTON, ANNE F
Address	1001 ROCK CREEK ROAD
City-State-Zip:	BRYN MAWR PA 19010

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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****01/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SECRETARY
Name JOHNSON, VICTORIA
Address 487 UNION STREET
City-State-Zip: PORTSMOUTH RI 02871

Title TRUSTEE
Name LEATHERMAN, ELIZABETH W
Address 140 BRENTON ROAD
City-State-Zip: NEWPORT RI 02840

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

Title TRUSTEE
Name RIDALL, ISABELLA G
Address 20 LEDGE ROAD
City-State-Zip: NEWPORT RI 02840

Title VC
Name VAN BEUREN, BARBARA
Address 180 WAPPING ROAD
City-State-Zip: PORTSMOUTH RI 02871

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

Title TREASURER, WITHOUT VOTE
Name DAWSON, MICHAEL F
Address NEWPORT HOSPITAL
11 FRIENDSHIP STREET
City-State-Zip: NEWPORT RI 02840

Title TRUSTEE
Name MCGUE, THOMAS E. DR.
Address 207 CARRIAGE DRIVE
City-State-Zip: PORTSMOUTH RI 02871

Title TRUSTEE
Name SAMPSON, ARTHUR J.
Address 146 CHURCH POND DRIVE
City-State-Zip: TIVERTON RI 02878

Title GUEST WITHOUT VOTE
Name GAINES, JEFFREY T. DR
Address 11 FRIENDSHIP STREET
City-State-Zip: NEWPORT RI 02840

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

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

Title LIFE TRUSTEE WITHOUT VOTE
Name PURVIANCE, JAMES A
Address 86 MILL STREET
City-State-Zip: NEWPORT RI 02840

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

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

Title EX-OFFICIO, WITHOUT VOTE
Name AUBIN, LAWRENCE A
Address AUBIN CORPORATION
1460 FALL RIVER AVENUE
City-State-Zip: SEEKONK MA 02771

Title TRUSTEE
Name BROOKS, JOHN
Address 47 SEASCAPE AVENUE
APARTMENT A
City-State-Zip: MIDDLETOWN RI 02842

Title TRUSTEE
Name MENCOFF, ANN
Address 1250 NORTH LAKE SHORE DRIVE
City-State-Zip: CHICAGO IL 60610

Title TRUSTEE
Name SCHREIBER, NANCY DR.
Address 6 CARROLL AVENUE
City-State-Zip: NEWPORT RI 02840

Title GUEST WITHOUT VOTE
Name BRANDOS, ORLA
Address 11 FRIENDSHIP STREET
City-State-Zip: NEWPORT RI 02840

