

2021 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 FELDSTEIN, EDWARD
Address 350 TABER AVENUE
City-State-Zip: PROVIDENCE RI 02906

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

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

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

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

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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****04/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	TRUSTEE
Name	GORDON, DAVID S
Address	51 RIDGE ROAD
City-State-Zip:	NEWPORT RI 02840
Title	TRUSTEE
Name	HAMILTON, ANNE F
Address	1001 ROCK CREEK ROAD
City-State-Zip:	BRYN MAWR PA 19010
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	TRUSTEE
Name	PARDEE, JONATHAN H
Address	540 BELLEVUE AVENUE
City-State-Zip:	NEWPORT RI 02840
Title	TRUSTEE
Name	PURVIANCE, JAMES A
Address	86 MILL STREET
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
Name	DURAND, CRISTA F
Address	NEWPORT HOSPITAL 11 FRIENDSHIP STREET
City-State-Zip:	NEWPORT RI 02840
Title	EX-OFFICIO
Name	AUBIN, LAWRENCE A
Address	AUBIN CORPORATION 1460 FALL RIVER AVENUE
City-State-Zip:	SEEKONK MA 02771

Title	TRUSTEE
Name	GRAY, BRADFORD MD
Address	16 STANTON ROAD
City-State-Zip:	PORTSMOUTH RI 02871
Title	TRUSTEE
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	SECRETARY
Name	MCLENNAN, JULIETTE C
Address	231 INDIAN AVENUE
City-State-Zip:	PORTSMOUTH RI 02871
Title	TRUSTEE
Name	PATTIE, SANDRA J
Address	BANKNEWPORT PO BOX 450
City-State-Zip:	NEWPORT RI 02840
Title	TRUSTEE
Name	QUINN, OLIVER H
Address	30 GREENHOUGH PLACE
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
Name	BABINEAU, TIMOTHY J
Address	LIFESPAN CORPORATION 593 EDDY STREET
City-State-Zip:	PROVIDENCE RI 02903
Title	TREASURER
Name	DAWSON, MICHAEL F
Address	NEWPORT HOSPITAL 11 FRIENDSHIP STREET
City-State-Zip:	NEWPORT RI 02840

