


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90010 001 ****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**

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

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



07112008 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

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

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	D CAPODILUPO, JENNIFER 285 EAST MAIN RD MIDDLETOWN, RI 02842	<input type="checkbox"/> Delete
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	P SAMPSON, ARTHUR J 11 FRIENDSHIP STREET NEWPORT, RI 02840	<input type="checkbox"/> Delete
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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Byrne, Frank J. 11 Friendship Street Newport, RI 02840	<input type="checkbox"/> Change <input checked="" 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: Arthur J. Sampson **ARTHUR J. SAMPSON** **7-11-08** **401-845-1500**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40112247
F05000002977

10. Officers and Directors	11. Additions/Changes to Officers and Directors in 10
Title VC <input checked="" type="checkbox"/> Delete Name Ellis, John H. Stree Address 242 Church Pond Drive City - St - Zip Tiverton, RI 02878	Title D <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 Feinberg, Alan R. <input checked="" type="checkbox"/> Addition Stree Address 425 Gibbs 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 Francis, M. Lynn <input checked="" type="checkbox"/> Addition Stree Address 294 Rolling Hill Road City - St - Zip Portsmouth, RI 02871
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 Leinhos, Amanda Frye <input checked="" type="checkbox"/> Addition Stree Address 20 Dr. Marcus Wheatland Blvd. City - St - Zip Newport, RI 02840
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Luttmann, Christopher J. <input checked="" type="checkbox"/> Addition Stree Address 19 Friendship Street City - St - Zip Newport, RI 02840
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title VC <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