

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002977

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** NEWPORT HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

11 FRIENDSHIP STREET  
NEWPORT, RI 02840

**New Principal Place of Business:**

**Current Mailing Address:**

11 FRIENDSHIP STREET  
NEWPORT, RI 02840

**New Mailing Address:**

167 POINT STREET  
PROVIDENCE, RI 02903

**FEI Number:** 22-2535533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET, SUITE 400  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: FAZZANO, LOUIS A  
Address: TEN BARNEY ST  
City-St-Zip: NEWPORT, RI 02840

Title: D ( ) Delete  
Name: CAPODILUPO, JENNIFER  
Address: 285 EAST MAIN RD  
City-St-Zip: MIDDLETOWN, RI 02842

Title: D ( ) Delete  
Name: DIBARI, PETER M  
Address: 24 SCHOOL ST  
City-St-Zip: NEWPORT, RI 02840

Title: P ( ) Delete  
Name: SAMPSON, ARTHUR J  
Address: 11 FRIENDSHIP STREET  
City-St-Zip: NEWPORT, RI 02840

Title: S ( ) Delete  
Name: SCHOCHET, SUZETTE D  
Address: 11 LEROY AVENUE  
City-St-Zip: NEWPORT, RI 02840

Title: T ( ) Delete  
Name: BYRNE, FRANK J  
Address: 11 FRIENDSHIP STREET  
City-St-Zip: NEWPORT, RI 02840

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: MASSED, STEPHEN P  
Address: 1272 WEST MAIN ROAD  
City-St-Zip: MIDDLETOWN, RI 02842

Title: S (X) Change ( ) Addition  
Name: SCHOCHET, SUZETTE D  
Address: 11 LEROY AVENUE  
City-St-Zip: NEWPORT, RI 02840

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BYRNE, FRANK J  
Address: 11 FRIENDSHIP STREET  
City-St-Zip: NEWPORT, RI 02840

Title: D (X) Change ( ) Addition  
Name: ELLIS, JOHN H  
Address: 242 CHURCH POND DRIVE  
City-St-Zip: TIVERTON, RI 02878

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTHUR J. SAMPSON

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date