


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-29-2008 90010 050 ****70.00

DOCUMENT # F05000003020	
1. Entity Name RHODE ISLAND HOSPITAL FOUNDATION INC.	

Principal Place of Business 593 EDDY STREET PROVIDENCE, RI 02903	Mailing Address 593 EDDY STREET PROVIDENCE, RI 02903
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07112008 Chg-NP CR2E037 (12/06)

4. FEI Number 05-0468736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AUBIN, LAWRENCE A 1460 FALL RIVER AVENUE SEEKONK, MA 02771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BENNETT, EDMUND C 50 SOUTH MAIN STREET PROVIDENCE, RI 02903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LEE, MICHAEL A 15 WESTMINSTER ST PROVIDENCE, RI 02903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERIK, MICHAEL J 222 BERKELEY STREET BOSTON, MA 02116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMARAL, JOSEPH F M.D. 593 EDDY STREET PROVIDENCE, RI 02903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, JANE 50 SOUTH MAIN STREET PROVIDENCE, RI 02908 <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	P Vecchione, George A. 593 Eddy Street Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

George A. Vecchione

7/14/08 401-444-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40112248
 #F05000003020

10. Officers and Directors	11. Additions/Changes to Officers and Directors in 10
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Akelman, Edward M.D. <input checked="" type="checkbox"/> Addition Stree Address 2 Dudley Street, Suite 190 City - St - Zip providence, RI 02908
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Barrows, Emanuel <input checked="" type="checkbox"/> Addition Stree Address 76 Westminster 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 Boss, Russell <input checked="" type="checkbox"/> Addition Stree Address 55 Williams Street City - St - Zip Providence, RI 02906-1028
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Carolan, Richard F. Jr. <input checked="" type="checkbox"/> Addition Stree Address 10 Weybosset Street, Suite 302B City - St - Zip Providence, RI 02903
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Chafee, Stephanie D. <input checked="" type="checkbox"/> Addition Stree Address 366 Victory Highway City - St - Zip Exeter, RI 02822-1142
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Collis, Ellen A. <input checked="" type="checkbox"/> Addition Stree Address 233 Rumstick Point Road City - St - Zip Barrington, RI 02806-4923
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Corrao, William M.D. <input checked="" type="checkbox"/> Addition Stree Address 1285 South County Trail City - St - Zip East Greenwich, RI 02818-1620
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Drew, Thomas J. M.D. <input checked="" type="checkbox"/> Addition Stree Address 2 Dudley Street City - St - Zip Providence, RI 02905
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Duffy, David <input checked="" type="checkbox"/> Addition Stree Address 222 Richmond 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 Goddard, Moses M.D. <input checked="" type="checkbox"/> Addition Stree Address 155 Pelletier Lane City - St - Zip Tiverton, RI 02878-3007
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Haffenreffer, David <input checked="" type="checkbox"/> Addition Stree Address 65 Congdon Street City - St - Zip Providence, RI 02906-1353

ATTACHMENT

40112248
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10. Officers and Directors	11. Additions/Changes to Officers and Directors in 10
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Hanna, Michael L. <input checked="" type="checkbox"/> Addition Stree Address 50 Holden Street City - St - Zip Providence, RI 02879
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Jobbers, Muriel E. <input checked="" type="checkbox"/> Addition Stree Address 1 Citizens Plaza City - St - Zip Providence, RI 02903
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Mauran, Louise S. <input checked="" type="checkbox"/> Addition Stree Address 120 Congdon Street City - St - Zip Providence, RI 02906-1413
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Procaccianti, James A. <input checked="" type="checkbox"/> Addition Stree Address 1140 Reservoir Avenue City - St - Zip Cranston, RI 02920
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Schepps, Barbara M.D. <input checked="" type="checkbox"/> Addition Stree Address 2 Dudley Street City - St - Zip Providence, RI 02905
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title D <input type="checkbox"/> Change Name Solomon, Catherine <input checked="" type="checkbox"/> Addition Stree Address 65 Taggart Court City - St - Zip East Greenwich, RI 02818
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title <input type="checkbox"/> Change Name <input type="checkbox"/> Addition Stree Address City - St - Zip
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title <input type="checkbox"/> Change Name <input type="checkbox"/> Addition Stree Address City - St - Zip
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title <input type="checkbox"/> Change Name <input type="checkbox"/> Addition Stree Address City - St - Zip
Title <input type="checkbox"/> Delete Name Stree Address City - St - Zip	Title <input type="checkbox"/> Change Name <input type="checkbox"/> Addition Stree Address City - St - Zip
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