

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003020

FILED
Feb 11, 2010
Secretary of State

Entity Name: RHODE ISLAND HOSPITAL FOUNDATION INC.

Current Principal Place of Business:

593 EDDY STREET
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

167 POINT STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0468736

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
Name: IANNUCCILLI, EDWARD A
Address: 70 HIGH STREET
City-St-Zip: BRISTOL, RI 02809

Title: VC
Name: COLLIS, ELLEN A
Address: 233 RUMSTICK POINT ROAD
City-St-Zip: BARRINGTON, RI 02806

Title: ST
Name: SCHEPPS, BARBARA
Address: 322 BLACKSTONE BOULEVARD
City-St-Zip: PROVIDENCE, RI 02906

Title: P
Name: BABINEAU, TIMOTHY J
Address: 593 EDDY STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: D
Name: AUBIN, LAWRENCE A
Address: 1460 FALL RIVER AVENUE
City-St-Zip: SEEKONK, MA 02771

Title: D
Name: BARBA, MARIANNE P
Address: 25 SILVER MAPLE DRIVE
City-St-Zip: COVENTRY, RI 02816

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: TIMOTHY J. BABINEAU, M.D.

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02/11/2010

Electronic Signature of Signing Officer or Director

Date