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#### TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: The Miria	am Hospital Foundation
	(Name of Corporation – must include suffix)
Dear Sir or Madam:	
Affairs in Florida", "Co	tion by Foreign Not for Profit Corporation for Authorization to Conduct its ertificate of Existence", and check are submitted to register the above referenced on to conduct its affairs in Florida.
Please return all corres	pondence concerning this matter to the following:
Joanne	e M. Fugere
	(Name of Person)
Lifespa	an Corporation
<del></del>	(Firm/Company)
Office of	of the General Counsel
167 Po	int Street  (Address)
	(Address)
Provide	ence, RI 02903
	(City/State and Zip Code)
For further information	n concerning this matter, please call:
Joanne M. Fugere	at ( 401 ) 444-3588
(Name of Persor	(Area Code & Daytime Telephone Number)
CTON DEPOT 4 TO	DDFGG MAN INC ADDDFGG
STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	
409 E. Gaines Tallahassee, F.	St. P. O. Box 6327
Enclosed is a check for	the following amount:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

THE GIATE OF TECHEDA.	
The Miriam Hospital Foundation Inc.	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	
2. Rhode Island 3, 05-0377502	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. May 18, 1978  (Date of Incorporation)  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")	± ± 2:
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. 2001. See attached letter from Secretary of State advising that our activities prior to 2005 are exempt.	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty lightly.)	
7. 164 Summit Avenue, Providence, RI 02906	П
(Principal office address)  164 Summit Avenue, Providence, RI 02906  (Current mailing address)  (Current mailing address)  7. To promote the charitable, scientific, & educational purposes of The Miriam Hospital & Lifespan Corporation	FILED
164 Summit Avenue, Providence, RI 02906	1
(Current mailing address)	U
To the second se	
To promote the charitable, scientific, & educational purposes of The Miriam Hospital & Lifespan Corporation C	, >
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	•
O Nome and street address of Florid and to the CD O D NOME and the	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Angell Corporate Services, Inc.	
Office Address:One North Clematis Street, Suite 400	
West Palm Beach Elorido 33401	
West Palm Beach Florida 33401 (Zip Code)	
10. Registered Agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutional I am familiar with and accept the obligations of my position as registered agent.  ANGELL CORPORATE SERVICES, INC.	7
BY: (Registred Apply's signature)	÷.
Crossony F. Voyne Vice President	

11. Attached is a Certificate of Existence duly aumenticated, normore than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Benjamin G. Paster	<u> </u>
Address: Paster & Harpootian, 1 Providence Washington Plaza	
Providence, RI 02903	
Vice Chairman. DeeDee Witman	
Address: 64 Hazard Avenue	
Providence, RI 02906	
Director: Victor Baxt	The state of the s
Address: Teknor Apex, 505 Central Avenue	55 3
Pawtucket, RI 02861	13 14 15 15 15 15
Director: C. Scott Chernick	Fig. 7
Address: The Koffler Corporation, 1 Providence Washington Plaza	RAT LOR
Providence, RI 02903	SAO
B. OFFICERS	· · · · ·
President: Kathleen C. Hittner, M.D.	
Address: The Minam Hospital, 164 Summit Avenue	
Providence, RI 02906	
Vice President:	· · · · · · · · · · · · · · · · · · ·
Address:	<u>-</u>
Secretary: Tina Odessa	·
Address: 625 East Avenue, Pawtucket, RI 02860	
Treasurer: Ted Winston	
Address: 401 Middlebridge Road, Wakefield, RI 02879	·
NOTE: If necessary, you may attach an addendum to the application listing additional officers at 13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	

12. Names and addresses of officers and/or directors (continued):

Address:

223 Rumstick Road

Barrington, RI 02806

#### A. Directors Director: Alan Gilstein Address: Piccerelli, Gilstein & Co., 144 Westminster Street Providence, RI 02903 Director: Jeffrey Goldstein Address: ACS Industries, Inc., 191 Social Street Woonsocket, RI 02895 Director: Sidney Greenwald Address: 23 Surrey Road Barrington, RI 02806 Director: Almon Hall Address: 23 Halsey Street Providence, RI 02906 Director: Carol Levinger Address: 10 Cushing Street Providence, RI 02906 Director: Jane S. Nelson Address: 311 Freeman Parkway Providence, RJ 02906 Director: Mildred Nichols Address: 56 Fosdyke Street Providence, RI 02906 Director: Sandra D. Oster

# 12. Names and addresses of officers and/or directors (continued):

Director:	Bruce Ruttenberg
Address:	Chace, Ruttenberg & Freedman, One Park Row
	Providence, RI 02903
Director:	Joanne Summer
Address:	27 Leicester Way
	Pawtucket, RI 02860
Director:	Philip Torgan
Address:	22 Wingate Road  Providence BL 02006
	Providence, RI 02900
Director:	Dr. M. Howard Triedman
Address:	188 Blackstone Boulevard
	Providence, RI 02906
Director:	Stanley Wachtenheim
Address:	Merchant Overseas, Inc., 41 Bassett Street
	Providence, RI 02903
Dírector:	David M. Winoker
Address:	Belvoir Properties, 222 Richmond Street
	Providence, RI 02903



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown Secretary of State



The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

#### The Miriam Hospital Foundation

a Rhode Island non-profit corporation, filed original articles of incorporation in this office on the 18th day of May 1978; and

IT IS FURTHER CERTIFIED that said corporation is now of record and has a legal existence in this office.

SIGNED AND SEALED this twenty-fourth day of February 2005.

Matter Brown
Secretary of State

BY MUY E. Cally

