


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-29-2008 90010 049 ****70.00

DOCUMENT # F05000003022 1. Entity Name THE MIRIAM HOSPITAL FOUNDATION INC.					
Principal Place of Business 164 SUMMIT AVENUE PROVIDENCE, RI 02906			Mailing Address 164 SUMMIT AVENUE PROVIDENCE, RI 02906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0377502	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GILSTEIN, ALAN M 144 WESTMINSTER ST PROVIDENCE, RI 02903	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WITMAN, DEEDEE 64 HAZARD AVENUE PROVIDENCE, RI 02906	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXT, VICTOR 505 CENTRAL AVENUE PAWTUCKET, RI 02861	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERNICK, C. SCOTT 1 PROVIDENCE WASHINGTON PLAZA PROVIDENCE, RI 02903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HITTNER, KATHLEEN C MD 164 SUMMIT AVENUE PROVIDENCE, RI 02906	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ODESSA, TINA 625 EAST AVENUE PAWTUCKET, RI 02860	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Winston, Ted 401 Middlebridge Road Wakefield, RI 02879	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Oster, Sandra 223 Rumstick Point Road Barrington, RI 02806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <i>Kathleen C Hittner, MD</i> 7/14/08 401-795-2005					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40112249
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10. Officers and Directors		11. Additions/Changes to Officers and Directors in 10	
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Berkelhammer, Mitzi 131 Laurel Avenue Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Brier, Jeffrey G. One Richmond Square Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Costantino, Sheryl 200 Hoffman Avenue, Unit 501 Cranston, RI 02920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Emanuel, Douglas One Park Row, Suite 300 Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Greenwald, Sidney 23 Surrey Road Barrington, RI 02806 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Hall, Almon 23 Halsey Street Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Hurvitz, Arthur 15 Abbottsford Court Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Kahn, Charles B. M.D. 49 Seekonk Street Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Lavine, Jerrold 330 Freeman Parkway Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Levinger, Carol 10 Cushing Street Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Nelson, Jane 311 Freeman Parkway Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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10. Officers and Directors		11. Additions/Changes to Officers and Directors in 10	
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Paster, Benjamin 121 South Main Street Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Riesman, Marcia 245 Waterman Street, Suite 402 Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Salmanson, Jerrold A. 155 South Main Street Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Shalansky, Emily 22 Wingate Road Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Tate, Alan 74 Holly Street Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Triedman, M. Howard M.D. 188 Blackstone Boulevard Providence, RI 02906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	D Wachtenheim, Stanley 41 Bassett Street Providence, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Stree Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Stree Address City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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