

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003022

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE MIRIAM HOSPITAL FOUNDATION INC.

Current Principal Place of Business:

164 SUMMIT AVENUE
PROVIDENCE, RI 02906

New Principal Place of Business:

Current Mailing Address:

164 SUMMIT AVENUE
PROVIDENCE, RI 02906

New Mailing Address:

167 POINT STREET
PROVIDENCE, RI 02903

FEI Number: 05-0377502

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: T () Delete
Name: WINSTON, TED
Address: 401 MIDDLEBRIDGE ROAD
City-St-Zip: WAKEFIELD, RI 02879

Title: VC () Delete
Name: WITMAN, DEEDEE
Address: 64 HAZARD AVENUE
City-St-Zip: PROVIDENCE, RI 02906

Title: D () Delete
Name: BAXT, VICTOR
Address: 505 CENTRAL AVENUE
City-St-Zip: PAWTUCKET, RI 02861

Title: D () Delete
Name: CHERNICK, C. SCOTT
Address: 1 PROVIDENCE WASHINGTON PLAZA
City-St-Zip: PROVIDENCE, RI 02903

Title: P () Delete
Name: HITTNER, KATHLEEN C MD
Address: 164 SUMMIT AVENUE
City-St-Zip: PROVIDENCE, RI 02906

Title: S () Delete
Name: ODESSA, TINA
Address: 625 EAST AVENUE
City-St-Zip: PAWTUCKET, RI 02860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BRIER, JEFFREY G
Address: 245 WATERMAN STREET
City-St-Zip: PROVIDENCE, RI 02906

Title: VC (X) Change () Addition
Name: OSTER, SANDRA
Address: 223 RUMSTICK POINT ROAD
City-St-Zip: PAWTUCKET, RI 02806

Title: T (X) Change () Addition
Name: WINSTON, TED
Address: 401 MIDDLEBRIDGE ROAD
City-St-Zip: WAKEFIELD, RI 02879

Title: S (X) Change () Addition
Name: ODESSA, TINA
Address: 625 EAST AVENUE
City-St-Zip: PAWTUCKET, RI 02860

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

Title: D (X) Change () Addition
Name: BAXT, VICTOR
Address: 505 CENTRAL AVENUE
City-St-Zip: PAWTUCKET, RI 02861

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: KATHLEEN C. HITTNER, M.D.

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date