

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003022

FILED  
Mar 02, 2012  
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:**

167 POINT STREET  
SUITE 2B  
PROVIDENCE, RI 02903

**New Mailing Address:**

**FEI Number:** 05-0377502      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: FELDSTEIN, EDWARD  
Address: 10 WEYBOSSET STREET  
City-St-Zip: PROVIDENCE, RI 02903

Title: VC  
Name: LANGLOIS, MARIE  
Address: 254 WAYLAND AVENUE  
City-St-Zip: PROVIDENCE, RI 02906

Title: T  
Name: HALL, ALMON  
Address: 50 KENNEDY PLAZA  
City-St-Zip: PROVIDENCE, RI 02903

Title: S  
Name: BERKELHAMMER, MITZI  
Address: 10 WOODLAND TERRACE  
City-St-Zip: PROVIDENCE, RI 02906

Title: P  
Name: BABINEAU, TIMOTHY J MD  
Address: 164 SUMMIT AVENUE  
City-St-Zip: PROVIDENCE, RI 02906

Title: T  
Name: BAXT, VICTOR  
Address: 505 CENTRAL AVENUE  
City-St-Zip: PAWTUCKET, RI 02861

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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03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date