



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000030013

**2. Name of Corporation** The Westerly Hospital

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 25 WELLS STREET

City or Town: WESTERLY

State: RI

Zip: 02891 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO RENDER MEDICAL AND SURGICAL AID TO THOSE IN NEED

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM G MCKENDREE	20 ARONDALE RD WESTERLY, RI 02891 USA
TREASURER	JEANNE M. LACHANCE	14 CANYON DR. WESTERLY, RI 02891 USA
SECRETARY	MAUREEN L. CARBONI	14 CRESTVIEW DR. WESTERLY, RI 02891 USA
CEO	CHARLES S. KINNEY	11 LINKS PASSAGE WESTERLY, RI 02891 USA
VICE PRESIDENT	MARTHA MCQ. HOSP	29 LINCOLN RD. CHARLESTOWN, RI 02813 USA
SECOND VICE CHAIRPERSON	ALLEN W. LEDBETTER M.D.	16 HANDEL RD. WESTERLY, RI 02891 USA
THIRD VICE CHAIRPERSON	FRED A. ALLARDYCE	33 PASADENA AVE. WATCH HILL, RI 02891 USA
DIRECTOR	FRED A ALLARDYCE	33 PASADENA AVE WESTERLY, RI 02891 USA
DIRECTOR	JOHN T. GORBY	77 WATER ST. STONINGTON, CT 06378 USA
DIRECTOR	BARBARA J. PERINO	16 LINKS PASSAGE WESTERLY, RI 02891 USA
DIRECTOR	CHARLES S. KINNEY	11 LINKS PASSAGE WESTERLY, RI 02891 USA
DIRECTOR	ALLEN W. LEDBETTER M.D.	16 HANDEL RD. WESTERLY, RI 02891 USA
DIRECTOR	JOHN P. CASEY	48 ICE POND RD. WESTERLY, RI 02891 USA
DIRECTOR	DAVID V. DEVAULT	2 DENNIS CT. WESTERLY, RI 02891 USA
DIRECTOR	DAVID DERAMO PH.D	28 HIGHLAND RD. CHARLESTOWN, RI 02813 USA
DIRECTOR	LEONARD C. EDWARDS	52 ARONDALE RD. WESTERLY, RI 02891 USA
DIRECTOR	MAUREEN N. FITZGERALD	10 WINDWARD DR. WESTERLY, RI 02891 USA
DIRECTOR	RICHARD C. HOLLIDAY	35 ARONDALE RD. WESTERLY, RI 02891 USA
DIRECTOR	MARTHA MCQ. HOSP	29 LINCOLN RD. CHARLESTOWN, RI 02813 USA
DIRECTOR	CHRISTOPHER M. LEHRACH M.D.	34 SEA VIEW DR. CHARLESTOWN, RI 02813 USA
DIRECTOR	WILLIAM G. MCKENDREE	20 ARONDALE RD. WESTERLY, RI 02891 USA
DIRECTOR	DAVID R. NELSON	13 MULBERRY DR. WAKEFIELD, RI 02879 USA
DIRECTOR	MARY JO ORSINGER	34 ELM ST. WESTERLY, RI 02891 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MAUREEN CARBONI 25 WELLS STREET WESTERLY , RI 02891-

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 21 Day of June, 2011 at 12:24:42 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MAUREEN CARBONI  
Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or

Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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