



**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. 000030205

2. Name of Corporation St. Joseph Health Services of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 200 HIGH SERVICE AVENUE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 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

OPERATION OF A HOSPITAL

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KENNETH BELCHER	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
TREASURER	MICHAEL CONKLIN JR	200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02904 USA
SECRETARY	KIMBERLY OCONNELL ESQ	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	MATTHEW J SMITH	32 RIVERVIEW DRIVE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	KENNETH BELCHER	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	REV. MNSGR. WILLIAM I VARSANYI J.C.D.	1 CATHEDRAL SQUARE PROVIDENCE, RI 02903 USA
DIRECTOR	STEVEN COLAGIOVANNI MD	1524 ATWOOD AVENUE, SUITE 322 JOHNSTON, RI 02919 USA
DIRECTOR	PAUL D THEROUX MONSIGNOR	200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	REV. ROBERT FORCIER R.PH.	800 PIPPIN ORCHARD ROAD CRANSTON, RI 02921 USA
DIRECTOR	JOSEPH P MAZZA MD	68 CUMBERLAND STREET WOONSOCKET, RI 02895 USA
DIRECTOR	ELLEN MCCARTY PHD, RN	407 HIGH STREET SOMERSET, MA 02726 USA
DIRECTOR	NANCY E ROGERS	39 DROWNE PARKWAY RUMFORD, RI 02916 USA
DIRECTOR	JOSEPH SAMARTANO JR., DDS	21 PEACE STREET, ROOM 535 EAST PROVIDENCE, RI 02907 USA
DIRECTOR	PETER DEBLASIO JR, MD	1532 SMITH STREET NORTH PROVIDENCE, RI 02911 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

ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02904

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

Signed this 24 Day of June, 2011 at 10:59:45 AM. *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 KENNETH H. BELCHER
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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