



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|  |                    |  |  |                            |
|--|--------------------|--|--|----------------------------|
| 1. Corporate ID No.<br><u>17325</u>  |                    | 2. Name of Corporation<br><u>Westerly Medical Center</u> |  |                            |
| 3. Street Address Principal Business Office<br><u>46 Wells Street</u>  |                    |  | City<br><u>Westerly</u>                            | State<br><u>RI</u>         |
|  |                    |  | Zip<br><u>02891</u>                                |                            |
| 4. Business Phone No.<br><u>401-596-0174</u>   |                    | 5. State of Incorporation<br><u>Rhode Island</u>         |  |                            |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |                    |  |  |                            |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |  |  |                            |
| President Name<br><u>James G. Stuart</u>   |                    |  | Vice President Name<br><u>Jeffrey L. Christian</u> |                            |
| Street Address<br><u>46 Wells Street</u>   |                    |  | Street Address<br><u>46 Wells Street</u>           |                            |
| City<br><u>Westerly</u>  | State<br><u>RI</u> | Zip<br><u>02891</u>                                      | City<br><u>Westerly</u>                            | State<br><u>RI</u>         |
| Secretary Name<br><u>Jeffrey L. Christian</u>  |                    |  | Treasurer Name<br><u>Jeffrey L. Christian</u>      |                            |
| Street Address<br><u>46 Wells Street</u>   |                    |  | Street Address<br><u>46 Wells Street</u>           |                            |
| City<br><u>Westerly</u>  | State<br><u>RI</u> | Zip<br><u>02891</u>                                      | City<br><u>Westerly</u>                            | State<br><u>RI</u>         |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |  |  |                            |
| Director Name<br><u>James G. Stuart</u>  |                    |  | Director Name<br><u>Jeffrey L. Christian</u>       |                            |
| Street Address<br><u>46 Wells Street</u>   |                    |  | Street Address<br><u>46 Wells Street</u>           |                            |
| City<br><u>Westerly</u>  | State<br><u>RI</u> | Zip<br><u>02891</u>                                      | City<br><u>Westerly</u>                            | State<br><u>RI</u>         |
| Director Name  |                    |  | Director Name                                      |                            |
| Street Address   |                    |  | Street Address                                     |                            |
| City   | State              | Zip  | City   | State                      |
| 9. SHARES AUTHORIZED<br><u>2000</u>  |                    |  |  |                            |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |  |                            |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |                    |  |  |                            |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    | Number of Shares<br><u>40</u>                            | Class/Series<br><u>Common</u>                      | Par Value<br><u>NO Par</u> |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature [Signature] Date 2/13/12  
Print or Type Name James G. Stuart  
Title President

**FILED**

File Date FEB 15 2012

Check No. 2320

By: BY

FOR SECRETARY OF STATE USE ONLY