



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

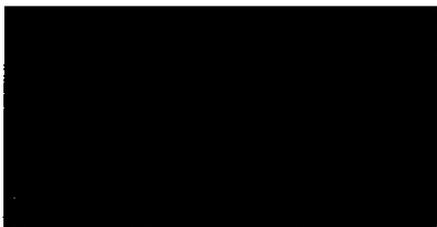
Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 54716		2. Exact name of the Corporation South County Hospital Healthcare System			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintaining a hospital for sick, disabled and injured.			
5. Principal office address 100 Kenyon Avenue			City Wakefield	State RI	Zip 02879
President Name Louis R. Giancola		Vice-President Name Thomas J. Breen			
Street Address 100 Kenyon Avenue		Street Address 100 Kenyon Avenue			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Dennis Lynch		Treasurer Name Joseph Matthews			
Street Address 18 Chestnut Street		Street Address 3103 Post Road			
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
Director Name Eve T. Keenan		Director Name Joseph Matthews			
Street Address 946F Tuckertown Road		Street Address 3103 Post Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Beverly M. Swan		Director Name Dennis Lynch			
Street Address 1220 South Road		Street Address 18 Chestnut Street			
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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



FILED
MAY 09 2013
00187

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.

Louis R. Giancola 7/29/13
Signature of Officer Date

Louis R. Giancola
Print or Type Name of Officer

President & CEO

Title of Officer