



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. 30013		2. Exact name of the Corporation The Westerly Hospital in Receivership (TWH in Mastership)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To administer the Mastership Estate of Charles Kinney v. The Westerly Hospital et al., C.A. No. WB11-781			
5. Principal office address 25 Wells Street		City Westerly		State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name W. Mark Russo, Court Appointed Special Master		Vice-President Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name N/A		Treasurer Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name N/A		Director Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

NOV 27 2013

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.

File Date _____

Check No _____

By: _____

BY 1152

Signature of Officer _____ Date _____

W. Mark Russo

Print or Type Name of Officer

Special Master

Title of Officer

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