



**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: 2014

1. Corporate ID No. 000031486

2. Name of Corporation Kent County Memorial Hospital

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 455 TOLL GATE ROAD

City or Town: WARWICK

State: RI Zip: 02886 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

NON PROFIT COMMUNITY 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	SANDRA L. COLETTA	455 TOLGATE ROAD WARWICK, RI 02886 USA
TREASURER	DOUGLAS L. JACOBS	67 ORCHARD STREET PROVIDENCE, RI 02906 USA
SECRETARY	CYNTHIA B. PATTERSON	33 KEENE STREET

		PROVIDENCE, RI 02906 USA
ASSISTANT SECRETARY	ALYSSA BOSS	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
ASSISTANT TREASURER	JOHN M. SUTHERLAND, III	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
VICE CHAIRMAN	CHARLES R. REPPUCCI	50 KENNEDY PLAZA, STE. 1500 PROVIDENCE, RI 02903 USA
CHAIRMAN	GEORGE W. SHUSTER	1381 CRANSTON STREET CRANSTON, RI 02920 USA
DIRECTOR	JOSEPH J. MCGAIR, ESQ.	797 BALD HILL ROAD WARWICK, RI 02886 USA
DIRECTOR	DIANE LIPSCOMBE, PHD	6 WATSON AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	ESTHER EMARD	667 ROUTE 100, P.O. BOX 6 STOCKBRIDGE, VT 05772 USA
DIRECTOR	ROBERT G. FLANDERS	50 KENNEDY PLAZA PROVIDENCE, RI 02903 USA
DIRECTOR	JOHN R. GALVIN	162 MIDDLE STREET PAWTUCKET, RI 02860 USA
DIRECTOR	ROBERT G. PADULA	16 MAIN STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	WILLIAM M. KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	HERBERT BRENNAN, D.O.	2558 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818 USA
DIRECTOR	DOUGLAS L. JACOBS	67 ORCHARD STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DENNIS D. KEEFE	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	CYNTHIA B. PATTERSON	33 KEENE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	CHARLES R. REPPUCCI	50 KENNEDY PLAZA, STE. 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	KENT W. GLADDING	68 SOUTH MAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SUSANNA R. MAGEE, M.D., MPH	7 OLD WEST WRENTHAM ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	PATRICK J. MURRAY, JR.	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	MUSTAFA (GHULAM) SURTI, M.D.	4 ALYSSA LANE LINCOLN, RI 02865 USA
DIRECTOR	GEORGE W. SHUSTER	1381 CRANSTON STREET CRANSTON, RI 02920 USA
DIRECTOR	MARIBETH WILLIAMSON	100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	DAVID CARCIERI, M.D.	790 LOVE LANE EAST GREENWICH, RI 02818 USA
DIRECTOR	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	ALLEN CICCHITELLI	1478 ATWOOD AVENUE, SUITE 211 JOHNSTON, RI 02919 USA

Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RUTH DENEHY 455 TOLL GATE ROAD WARWICK , RI 02886

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

Signed this 11 Day of June, 2014 at 9:54:51 AM by the authorized person. *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 company, 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 SANDRA L. COLETTA
Signature of Authorized Person

Form No. 631
Revised 09/07

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