



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.** 000030276

**2. Name of Corporation** Roger Williams Medical Center

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 825 CHALKSTONE AVENUE

City or Town: PROVIDENCE

State: RI Zip: 02908 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**

TO PROVIDE HEALTHCARE SERVICES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
DIRECTOR	KENNETH H. BELCHER	825 CHALKSTONE AVE. PROVIDENCE, RI 02908 USA
SECRETARY	KIMBERLY A. OCONNELL, ESQ.	825 CHALKSTONE AVE. PROVIDENCE, RI 02908 USA
TREASURER	MICHAEL E. CONKLIN JR.	200 HIGH SERVICE AVE.

		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	ABBY MAIZEL M.D.	825 CHALKSTONE AVE. PROVIDENCE, RI 02908 USA
DIRECTOR	DOUGLAS HUGHES MD	72 EAST CONCORD STREET-L103 BOSTON, MA 02118 USA
DIRECTOR	WILLIAM LOEHNING	500 SALEM ROAD 0S 3N SMITHFIELD, RI 02917 USA
CHAIRMAN	SHERI L. SMITH, PH.D.	14 BRADFORD STREET WARREN, RI 02885 USA
VICE CHAIRMAN	REV. KENNETH R. SICARD, O.P., PH.D.	549 RIVER AVENUE PROVIDENCE, RI 02918 USA
DIRECTOR	CYNTHIA M. ALVES M.D.	175 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA
DIRECTOR	MARK BRAUN M.D.	351 BUDLONG ROAD CRANSTON, RI 02920 USA
DIRECTOR	LOUIS J. MARIORENZI, M.D.	725 RESERVOIR AVE. CRANSTON, RI 02910 USA
DIRECTOR	CHARLES E. MAYNARD	35 HILLTOP DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	JAMES MELFI	825 CHALKSTONE AVE. PROVIDENCE, RI 02908 USA
DIRECTOR	GARY R. PANNONE, ESQ.	317 IRON HORSE WAY, SUITE 301 PROVIDENCE, RI 02908 USA
DIRECTOR	REV. KENNETH R. SICARD, O.P., PH.D.	549 RIVER AVE. PROVIDENCE, RI 02918 USA
DIRECTOR	SHERI L. SMITH, PH.D.	14 BRADBURY ST. WARREN,, RI 02885 USA
PRESIDENT	KENNETH H BELCHER	825 CHALKSTONE AVENUE PROVIDENCE, RI 02908 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**

JOYCE C. HACKLEY 825 CHALKSTONE AVENUE PROVIDENCE , RI 02908

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

**Signed this 12 Day of June, 2014 at 2:45:52 PM 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 KENNETH H. BELCHER  
Signature of Authorized Person

