



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. 000842530

2. Name of Corporation Westerly Medical Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: TWO ELM STREET

City or Town: WESTERLY

State: RI

Zip: 02891

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 SUPPORT AND ADVANCE PROFESSIONALISM AT THE WESTERLY HOSPITAL, TO SUPPORT SYSTEMS FOR PATIENT CARE SERVICES AND ENHANCE PROFESSIONAL AND ETHICAL CONDUCT AT THE WESTERLY HOSPITAL AND/OR TO PROMOTE MEDICAL CARE IN THE WESTERLY AREA.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM M. CONLIN MD	63 BAYBERRY AVENUE WAKEFIELD, RI 02879 USA

SECRETARY-TREASURER	KEVIN J. TORRES DO	20 CROFT COURT PAWCATUCK, CT 06379 USA
DIRECTOR	WILLIAM M. CONLIN MD	63 BAYBERRY AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	GEORGE BOURGANOUS MD	4 JUNIPER LANE STONINGTON, CT 06378 USA
DIRECTOR	ADRIAN K. HAMBURGER MD	15 BRIDGETTE LANE WESTERLY, RI 02891 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

CHARLES SOLOVEITZIK TWO ELM STREET WESTERLY , RI 02891

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

Signed this 17 Day of June, 2014 at 1:56:53 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 CHARLES SOLOVEITZIK
Signature of Authorized Person

Form No. 631
Revised 09/07