



**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:** 2015

**1. Corporate ID No.** 000026906

**2. Name of Corporation** THE CHAPLAINCY CENTER

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: RHODE ISLAND HOSPITAL, GERRY HOUSE

#36

593 EDDY STREET

City or Town: PROVIDENCE

State: RI Zip: 02903Country: 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**

PROVIDED PASTORAL CARE AND CLINICAL PASTORAL EDUCATION

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | REV. JOHN WATTERSON                            | 700 SHORE DRIVE #1109<br>FALL RIVER, MA 02721 USA          |
| DIRECTOR  | PETER HAINSWORTH                               | 99 WORCESTER AVENUE  |

|          |                      |   |
|----------|----------------------|---|
|          |                      | RIVERSIDE , RI 02915 USA                                  |
| DIRECTOR | MARY KESSON          | 593 EDDY ST.<br>PROVIDENCE, RI 02903 USA                  |
| DIRECTOR | TRACY BARAN          | 593 EDDY ST., GERRY HOUSE #36<br>PROVIDENCE, RI 02903 USA |
| DIRECTOR | JAMES MCCARTNEY      | 593 EDDY ST, GERRY HOUSE #36<br>PROVIDENCE, RI 02903 USA  |
| DIRECTOR | REV. DONALD ANDERSON | 593 EDDY ST.<br>PROVIDENCE, RI 02903 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**

REV. MARY BETH HAYES RI HOSPITAL, GERRY HOUSE 593 EDDY STREET PROVIDENCE , RI  
02903

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

**Signed this 24 Day of April, 2015 at 2:30:42 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 ROBERT W. NOLAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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