



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.** 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	MICHAEL DACEY, JR., MD	455 TOLL GATE 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
CHAIRPERSON-ELECT	CHARLES R. REPPUCCI	50 KENNEDY PLAZA, STE 1500 PROVIDENCE, RI 02903 USA
VICE CHAIRPERSON	CHARLES R. REPPUCCI	50 KENNEDY PLAZA, STE 1500 PROVIDENCE, RI 02903 USA
CHAIRPERSON	GEORGE W. SHUSTER	44 ROBIN VALE DRIVE NORTH SCITUATE, RI 02857 USA
ASSISTANT TREASURER	JOSEPH IANNONI	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	ESTHER EMARD, RN, MSN, MS	51 SHORE DRIVE JOHNSTON, RI 02919 USA
DIRECTOR	JOHN R. GALVIN	82 JEFFREY DRIVE NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	ROBERT PADULA	129 LIBERTY ROAD EXETER, RI 02822 USA
DIRECTOR	GEORGE W. SHUSTER	44 ROBIN VALE DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	ALLEN CICCHITELLI	46 SEAVIEW AVENUE JAMESTOWN, RI 02835 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	KENT W. GLADDING	10 JAY COURT CRANSTON, RI 02921 USA
DIRECTOR	DENISE ARCAND, MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	MARIO BUENO	626 BROAD STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	SHARON CONARD- WELLS	85 MAJESTIC AVENUE WARWICK, RI 02888 USA
DIRECTOR	MICHELE GANGE, MD	101 DUDLEY STREET PROVIDENCE, RI 02905 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	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	ROBERT G. FLANDERS	50 KENNEDY PLAZA PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM M. KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	CHARLES R. REPPUCCI	50 KENNEDY PLAZA, STE. 1500 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	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 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**

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 29 Day of May, 2015 at 2:16:11 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 MICHAEL DACEY, JR., MD, PRESIDENT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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