



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:** 2016

**1. Corporate ID No.** 000813263

**2. Name of Corporation** The Memorial Hospital Foundation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 111 BREWSTER STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 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 SERVE THE HEALTH NEEDS AND IMPROVE THE HEALTH STATUS OF INDIVIDUALS AND TO ENGAGE IN ACTIVITIES IN FURTHERANCE OF THE MISSION OF THE MEMORIAL HOSPITAL D/B/A MEMORIAL HOSPITAL OF RHODE ISLAND. SUCH ACTIVITIES SHALL SPECIFICALLY INCLUDE, WITHOUT LIMITATION, RAISING FUNDS FOR THE BENEFIT OF SAID HOSPITAL, HOLDING ASSETS FOR THE BENEFIT OF THE HOSPITAL, AND OTHER RELIGIOUS, CHARITABLE, OR EDUCATIONAL ACTIVITIES CONSISTENT WITH THE PROVISIONS OF SECTIONS 501(C)(3) AND 509(A)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW AND CHAPTER 7-6 OF THE GENERAL LAWS OF RHODE ISLAND, AS NOW IN FORCE OR HEREAFTER AMENDED, TO THE EXTENT THAT SUCH ACTIVITIES OPERATE FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, OR SUPPORT THE MISSION AND PURPOSES OF THE 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	ARTHUR J. DEBLOIS, III	404 PROSPECT STREET SEEKONK, MA 02771 USA
SECRETARY	IRENE A. SCHMITT	2180 MENDON ROAD, #11 CUMBERLAND, RI 02864 USA
VICE CHAIRMAN	ROBERT P. ANDRADE	1 ANCHOR WAY RIVERSIDE, RI 02915 USA
CHAIRMAN	VIRGINIA C. ROBERTS	50 AGAWAM PARK ROAD RUMFORD, RI 02916 USA
DIRECTOR	GREGORY G. SCOWN	500 MENDON ROAD, #108 CUMBERLAND, RI 02864 USA
DIRECTOR	KARL F. SHERRY	146 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM J. HUNT	376 NEWPORT AVENUE EAST PROVIDENCE, RI 02916 USA
DIRECTOR	F. PAUL MOONEY, JR.	39 DROWNE PARKWAY RUMFORD, RI 02916 USA
DIRECTOR	DENNIS KEEFE	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	ARTHUR J. DEBLOIS, III	404 PROSPECT STREET SEEKONK, MA 02771 USA
DIRECTOR	VIRGINIA C. ROBERTS	50 AGAWAM PARK ROAD RUMFORD, RI 02916 USA
DIRECTOR	ROBERT P. ANDRADE	1 ANCHOR WAY RIVERSIDE, RI 02915 USA
DIRECTOR	IRENE A. SCHMITT	2180 MENDON ROAD, #11 CUMBERLAND, RI 02864 USA
DIRECTOR	MARYBETH REIS	86 NAUSHON ROAD PAWTUCKET, RI 02861 USA
DIRECTOR	PETER BAZIOTIS, MD	101 BEECHWOOD DRIVE CRANSTON, RI 02921 USA
DIRECTOR	MICHAEL DACEY, MD	111 BREWSTER STREET PAWTUCKET, RI 02860 USA
DIRECTOR	ROBERT BURROUGHS, MD	4 GREGORY DRIVE SEEKONK, MA 02771 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**

ALYSSA V. BOSS CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE ,  
RI 02905

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

**Signed this 7 Day of June, 2016 at 3:20:18 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 IRENE A. SCHMITT, SECRETARY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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