STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
54716	**South County Hospital Healthcare System**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Maintaining a hospital for sick, disabled and injured.**

5. Principal office address	City	State	Zip
100 Kenyon Avenue	**Wakefield**	**RI**	**02879**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Louis R. Giancola	**100 Kenyon Avenue**	**Wakefield**	**RI**	**02879**

Vice-President Name	Street Address	City	State	Zip
Thomas J. Breen	**100 Kenyon Avenue**	**Wakefield**	**RI**	**02879**

Secretary Name	Street Address	City	State	Zip
Dennis Lynch	**18 Chestnut Street**	**Narragansett**	**RI**	**02882**

Treasurer Name	Street Address	City	State	Zip
James Farrell	**2291 Commodore Perry Highway**	**Wakefield**	**RI**	**02879**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Louis Giancola	**100 Kenyon Avenue**	**Wakefield**	**RI**	**02879**

Director Name	Street Address	City	State	Zip
James Farrell	**2291 Commodore Perry Highway**	**Wakefield**	**RI**	**02879**

Director Name	Street Address	City	State	Zip
Beverly Swan	**1220 South Road**	**Wakefield**	**RI**	**02879**

Director Name	Street Address	City	State	Zip
Dennis Lynch	**18 Chestnut Street**	**Narragansett**	**RI**	**02882**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED CV
JUN 06 2016
BY 327360

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Louis R. Giancola 5/18/16
Signature of Officer or Authorized Representative Date

Louis R. Giancola, President & CEO
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014