



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. 000115509

2. Name of Corporation Kent Hospital Foundation

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

TO SERVE THE HEALTH CARE NEEDS AND IMPROVE THE HEALTH STATUS OF
PERSONS IN KENT COUNTY RHODE ISLAND.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	JANET L. MARCANTONIO	11 KNIGHT FARM ROAD NORTH KINGSTOWN, RI 02852 USA
SECRETARY	MARIBETH Q. WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA

CHAIR	GERARD GOULET, ESQ.	215 CRESTWOOD ROAD WARWICK, RI 02886 USA
VICE CHAIR	KENNETH L. MACNAUGHT	960 BUTTONWOODS AVENUE WARWICK, RI 02886 USA
DIRECTOR	EDWARD COONEY, JR.	22 ALLISON COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JOSEPH W. SPINALE, M.D.	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	JAMES M. VESEY	19 JUNIPER HILL DRIVE COVENTRY, RI 02816 USA
DIRECTOR	ROBERT E. BAUTE, M.D.	20 OLD LYME DRIVE WARWICK, RI 02886 USA
DIRECTOR	JASON B. BOUDJOUK, M.D.	1 ASHLEY DRIVE LINCOLN, RI 02865 USA
DIRECTOR	THOMAS J. LAMB, JR.	85 FRY BROOK DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	JANET L. MARCANTONIO	11 KNIGHT FARM ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	DONNA-JEAN RAINVILLE	38 IVES ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	STEPHEN A. ROOKS	62 WESTFORD ROAD PROVIDENCE, RI 02906 USA
DIRECTOR	DIANE D. SCOTT	20 LENIHAN LANE EAST GREENWICH, RI 02818 USA
DIRECTOR	MARK GASBARRO	27 LASALLE DRIVE PROVIDENCE, RI 02908 USA
DIRECTOR	GERARD GOULET, ESQ.	215 CRESTWOOD ROAD WARWICK, RI 02886 USA
DIRECTOR	MARIBETH Q. WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	REID S. APPLEBY, JR., M.D.	555 MIDDLE ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	DENNIS KEEFE	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MICHAEL DACEY, JR. MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	ANDREA M. HOPKINS	720 WASHINGTON STREET COVENTRY, RI 02816 USA
DIRECTOR	KENNETH L. MACNAUGHT	960 BUTTONWOODS AVENUE WARWICK, RI 02886 USA
DIRECTOR	CANDACE L. DYER, M.D.	38 BEACON AVENUE WARWICK, RI 02889 USA
DIRECTOR	ANDREW M. ERICKSON	10 STONE RIDGE DRIVE EAST GREENWICH, RI 02818 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 13 Day of June, 2016 at 11:41:23 AM 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 JANET L. MARCANTONIO, TREASURER
Signature of Authorized Person

Form No. 631
Revised 09/07

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