



**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: 2018

1. Corporate ID No. 000842530

2. Name of Corporation Westerly Medical Foundation

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813920

4. Corporate Address in Rhode Island

No. and Street: TWO ELM STREET
City or Town: WESTERLY State: RI Zip: 02891 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 SUPPORT AND ADVANCE PROFESSIONALISM AT THE WESTERLY HOSPITAL, TO SUPPORT SYSTEMS FOR PATIENT CARE SERVICES AND ENHANCE PROFESSIONAL AND ETHICAL CONDUCT AT THE WESTERLY HOSPITAL AND/OR TO PROMOTE MEDICAL CARE IN THE WESTERLY AREA.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | RACHEL MCCORMICK MD | 98 WAMPAHASSUC RD STONINGTON, CT 06378 USA |
| VICE PRESIDENT | DAVID CAMERON MD | 2 SEQUAN ROAD WESTERLY, RI 02891 USA |
| SECRETAR/TREASURER | TIMOTHY OLSON MD | 3 HIGH RIDGE DRIVE PAWCATUCK, CT 06379 USA |
| DIRECTOR | GEORGE BOURGANOS MD | 4 JUNIPER LANE STONINGTON, CT 06378 USA |
| DIRECTOR | PAMELA CONNORS MD | 14 SEABURY DRIVE WESTERLY, RI 02891 USA |
| DIRECTOR | JOB SANDOVAL MD | 8 LANCASTER ROAD WESTERLY, RI 02891 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**

CHARLES SOLOVEITZIK TWO ELM STREET WESTERLY , RI 02891

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

Signed this 16 Day of August, 2018 at 10:04:06 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 CHARLES SOLOVEITZIK
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations
All Rights Reserved