



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**

Non-Profit Corporation

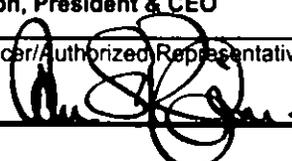
- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED STAMP

MAY 29 2019

FOR SECRETARY OF STATE USE ONLY

BY 66395 DS

1. Entity ID Number 7847		2. Exact name of the Corporation South County Hospital Healthcare System Endowment			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support the advancement of medicine, surgery, nursing and all subjects to heath and welfare persons.			
4. NAICS Code 622110 - General Medical and S					
6. Principal Office Address 100 Kenyon Avenue		City Wakefield	State Rhode Island	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Aaron Robinson		Vice-President Name Thomas J. Breen			
Street Address 100 Kenyon Avenue		Street Address 100 Kenyon Avenue			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Betty Rambur		Treasurer Name Victoria Wicks			
Street Address 100 Kenyon Avenue		Street Address 100 Kenyon Avenue			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis Lynch		Director Name James Farrell			
Street Address 100 Kenyon Avenue		Street Address 100 Kenyon Avenue			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Betty Rambur		Director Name Victoria Wicks			
Street Address 100 Kenyon Avenue		Street Address 100 Kenyon Avenue			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Aaron Robinson, President & CEO				Date 5/10/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov