



**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:** 2019

**1. Corporate ID No.** 000086892

**2. Name of Corporation** CARE NEW ENGLAND HEALTH SYSTEM

**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

**4. Corporate Address in Rhode Island**

No. and Street: 45 WILLARD AVENUE  
City or Town: PROVIDENCE State: RI Zip: 02905 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 PLAN AND COORDINATE THE DELIVERY OF HIGH QUALITY HEALTH SERVICES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
TREASURER	DOUGLAS JACOBS	1141 NORTH MAIN ROAD JAMESTOWN, RI 02835 USA
SECRETARY	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
CHAIRPERSON	CHARLES REPPUCCI	212 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
VICE-CHAIRPERSON	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
ASSISTANT TREASURER	JOSEPH IANNONI	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
VICE-CHAIRPERSON	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
EX OFFICIO DIRECTOR	JAMES FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
ASSISTANT SECRETARY	ASHLEY TAYLOR ESQ	45 WILLARD AVE PROVIDENCE, RI 02905 USA
EX OFFICIO DIRECTOR	TOLGA KOKTURK MD	101 DUDLEY PROVIDENCE, RI 02905 USA
EX OFFICIO DIRECTOR	EDWARD THOMAS MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
EX OFFICIO DIRECTOR	KEVIN BAILL MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
DIRECTOR	ALLEN H. CICCHITELLI	118 ABONDANCE DRIVE PALM BEACH GARDNES, FL 33410 USA
DIRECTOR	CHARLES REPPUCCI	212 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	DOUGLAS JACOBS	1141 NORTH MAIN ROAD JAMESTOWN, RI 02835 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	JOSEPH J. MCGAIR, ESQ.	92 SANDY LANE WARWICK, RI 02889 USA
DIRECTOR	CYNTHIA B. PATTERSON	33 KEENE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	SHARON CONARD- WELLS	85 MAJESTIC AVENUE WARWICK, RI 02888 USA
DIRECTOR	PATRICK J. MURRAY, JR.	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	GEORGE W. SHUSTER	44 ROBIN VALE DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	KENT W. GLADDING	10 JAY COURT CRANSTON, RI 02921 USA
DIRECTOR	WILLIAM M. KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA

DIRECTOR

MARIO BUENO

98 FLETCHER AVENUE  
CRANSTON, RI 02920 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**

ASHLEY TAYLOR 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 5 Day of June, 2019 at 2:18:26 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 JAMES E. FANALE, M.D.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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