



**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.** 000743104

**2. Name of Corporation** Butler Hospital 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

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 345 BLACKSTONE BOULEVARD

City or Town: PROVIDENCE

State: RI Zip: 02906 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 BEHAVIORAL HEALTH  
STATUS OF INDIVIDUALS AND TO ENGAGE IN ACTIVITIES IN FURTHERANCE OF THE  
MISSION OF BUTLER HOSPITAL

**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**Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	STEPHEN E. BURKE, CPA	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
SECRETARY	KELLY DOERN	17 ANOKA AVENUE BARRINGTON, RI 02806 USA
VICE CHAIRMAN	DAVID A. ROGERS	24 ALBION ROAD, #340 LINCOLN, RI 02865 USA
CHAIRMAN	WILLIAM J. ALLEN	710 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA
EX OFFICIO DIRECTOR	JAMES E. FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
EX OFFICIO DIRECTOR	MARY MARRAN, MS. OT, MBA	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
EX OFFICIO DIRECTOR	KEVIN BAILL M.D.	345 BLACKSTONE BOULEARD PROVIDENCE, RI 02906 USA
DIRECTOR	ALLEN H. CICCHITELLI	118 ABONDANCE DRIVE PALM BEACH GARDENS, FL 33410 USA
DIRECTOR	WILLIAM J. ALLEN	710 NATE WHIPPLE HIGHWAY CUMBERLAND, RI 02864 USA
DIRECTOR	DAVID A. ROGERS	24 ALBION ROAD, #340 LINCOLN, RI 02865 USA
DIRECTOR	STEVEN A. RAMUSSEN, M.D.	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
DIRECTOR	ARTHUR S. ROBBINS	10 ORMS STREET, #330 PROVIDENCE, RI 02904 USA
DIRECTOR	KEKIN A. SHAH	1 BOXWOOD COURT BARRINGTON, RI 02806 USA
DIRECTOR	MICHAEL N. MATONE	5586 POST ROAD, SUITE 205 EAST GREENWICH, RI 02818 USA
DIRECTOR	STEPHEN E. BURKE, CPA	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
DIRECTOR	KELLY DOERN	17 ANOKA AENUE BARRINGTON, RI 02806 USA
DIRECTOR	ROBERTA B. FEATHER, EDD, JD	70 ELMGROVE AVENUE PROVIDENCE, RI 02906 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 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 17 Day of June, 2019 at 12:01:37 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 STEPHEN E. BURKE, CPA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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