



**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.** 000115509

**2. Name of Corporation** Kent 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: 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> 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
EX OFFICIO DIRECTOR	JAMES FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
EX OFFICIO DIRECTOR	JEAN WOODCOCK	401 CHATHAM CIRCLE WARWICK, RI 02886 USA
EX OFFICIO DIRECTOR	JUDITH ELLIOTT, LPN	20 SQUIRRELS RUN WEST GREENWICH, RI 02817 USA
EX OFFICIO DIRECTOR	ROBERT J. HAFHEY	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	EDWARD COONEY, JR.	22 ALLISON COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	ROBERT E. BAUTE, M.D.	20 OLD LYME DRIVE WARWICK, RI 02886 USA
DIRECTOR	GERARD GOULET, ESQ.	215 CRESTWOOD ROAD 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	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	ANDREA M. HOPKINS	720 WASHINGTON STREET COVENTRY, RI 02816 USA
DIRECTOR	KENNETH L. MACNAUGHT	960 BUTTONWOODS AVENUE WARWICK, RI 02886 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**

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 12:14:37 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 JANET L. MARCANTONIO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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