



**State of Rhode Island  
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:** 2020

**1. Corporate ID No.** 000030397

**2. Name of Corporation** Women & Infants Hospital of Rhode Island

**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: 101 DUDLEY STREET  
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**

ENACTED THROUGH THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF  
1881 EFFECTIVE 4/08/1881. HEALTH CARE

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	DOUGLAS JACOBS	1141 NORTH MAIN ROAD JAMESTOWN, RI 02835 USA
SECRETARY	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
VICE-CHAIRPERSON	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
VICE-CHAIRPERSON	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
ASSISTANT TREASURER	JOSEPH IANNONI	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
EX OFFICIO DIRECTOR	JAMES FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
EX OFFICIO DIRECTOR	KEVIN BAILL ESQ	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
EX OFFICIO DIRECTOR	EDWARD THOMAS MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
ASSISTANT SECRETARY	ASHLEY TAYLOR ESQ	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
PRESIDENT	SHANNON SULLIVAN	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
CHAIRPERSON	CHARLES R. REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	CHARLES R. REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	JUDITH REMONDI	258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA
DIRECTOR	R. STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	RUDOLPH MOSELEY JR.	35 RED CEDAR LANE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	DOUGLAS JACOBS	1141 NORTH MAIN ROAD JAMESTOWN, RI 02835 USA
DIRECTOR	JOSEPH J. MCGAIR, ESQ.	92 SANDY LANE WARWICK, RI 02889 USA
DIRECTOR	MARIO BUENO	98 FLETCHER AVENUE CRANSTON, RI 02920 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	SHARON CONARD-WELLS	85 MAJESTIC AVENUE WARWICK, RI 02888 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	GEORGE W. SHUSTER	44 ROBIN VALE DRIVE, NORTH SCITUATE, RI 02857 USA
DIRECTOR	WILLIAM M. KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	PATRICK J. MURRAY, JR.	255 BOXWOOD LANE

		BRIDGEWATER, MA 02324 USA
DIRECTOR	KENT W. GLADDING	10 JAY COURT CRANSTON, RI 02921 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**

KATHERINE WILLS 101 DUDLEY STREET 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 3 Day of December, 2020 at 3:55:18 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 SHANNON SULLIVAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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