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. 000813263

2. Name of Corporation The Memorial 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

999999

4. Principal Office Address

No. and Street: 111 BREWSTER STREET
City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO SERVE THE HEALTH NEEDS AND IMPROVE THE HEALTH STATUS OF INDIVIDUALS AND TO ENGAGE IN ACTIVITIES IN FURTHERANCE OF THE MISSION OF THE MEMORIAL HOSPITAL D/B/A MEMORIAL HOSPITAL OF RHODE ISLAND. SUCH ACTIVITIES SHALL SPECIFICALLY INCLUDE, WITHOUT LIMITATION, RAISING FUNDS FOR THE BENEFIT OF SAID HOSPITAL, HOLDING ASSETS FOR THE BENEFIT OF THE HOSPITAL, AND OTHER RELIGIOUS, CHARITABLE, OR EDUCATIONAL ACTIVITIES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ARTHUR J. DEBLOIS, III	404 PROSPECT STREET SEEKONK, MA 02771 USA
SECRETARY	WILLIAM M. KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
CHAIRMAN	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
EX OFFICIO DIRECTOR	JAMES E. FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	ARTHUR J. DEBLOIS, III	404 PROSPECT STREET SEEKONK, MA 02771 USA
DIRECTOR	VIRGINIA C. ROBERTS	50 AGAWAM PARK ROAD RUMFORD, RI 02916 USA
DIRECTOR	MARYBETH REIS	86 NAUSHON ROAD PAWTUCKET, RI 02861 USA
DIRECTOR	PETER BAZIOTIS, MD	101 BEECHWOOD DRIVE CRANSTON, RI 02921 USA
DIRECTOR	WILLIAM M. KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA

7. 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

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of February, 2021 at 12:54:08 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 ARTHUR J. DEBLOIS, III
Signature of Authorized Person

Form No. 631
Revised 09/07