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: 2021

1. Corporate ID No. 000034675

2. Name of Corporation BUTLER HOSPITAL

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

622210

4. Principal Office Address

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:

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

NON-PROFIT HOSPITAL AND ASSOCIATED FACILITIES FOR THE DIAGNOSIS, CARE AND TREATMENT OF PERSONS SUFFERING FROM MENTAL ILLNESS, SUBSTANCE ABUSE AND OTHER BEHAVIORAL AND NEUROBEHAVIORAL DISORDERS.

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
PRESIDENT	MARY MARRAN	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
TREASURER	DOUGLAS JACOBS	87 ORCHARD STREET PROVIDENCE, RI 02906 USA
SECRETARY	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
ASSISTANT TREASURER	JOSEPH IANNONI	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
CHAIRPERSON	CHARLES R. REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	CHARLES R. REPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
VICE CHAIRPERSON	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
ASSISTANT SECRETARY	ASHLEY TAYLOR ESQ	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 MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
VICE CHAIRPERSON	GARY FURTADO	15 BETH AVENUE WARREN, RI 02885 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	JUDITH REMONDI	258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA
DIRECTOR	MARIO BUENO	626 BROAD STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	GEORGE SHUSTER	44 ROBIN VALE DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	GARY FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	SHARON CONARD-WELLS	85 MAJESTIC AVENUE WARWICK, RI 02888 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	JOSEPH MCGAIR	797 BALD HILL ROAD WARWICK, RI 02886 USA
DIRECTOR	PATRICK MURRAY	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	KENT GLADDING	10 JAY COURT CRANSTON, RI 02921 USA
DIRECTOR	WILLIAM M KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	DOUGLAS JACOBS	67 ORCHARD STREET PROVIDENCE, RI 02906 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

MARYANN DASILVA 345 BLACKSTONE BOULEVARD PROVIDENCE , RI 02906

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

Signed this 11 Day of June, 2021 at 2:36:21 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 MARY MARRAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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