



**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. 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

4. Principal Office Address

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:

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

TO SERVE THE HEALTH CARE NEEDS AND IMPROVE THE HEALTH STATUS OF
PERSONS IN KENT COUNTY RHODE ISLAND.

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
SECRETARY	MARIBETH Q. WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
EX OFFICIO DIRECTOR	JAMES FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
INTERIM CHAIR	EDWARD COONEY, JR.	22 ALLISON COURT NORTH KINGSTOWN, RI 02852 USA
EX OFFICIO DIRECTOR	ROBERT J. HAFHEY	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	JAMES BURKE	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	SUSAN CROSSLEY	238 RODMAN LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	EDWARD COONEY, JR.	22 ALLISON COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JASON B. BOUDJOUK, M.D.	1 ASHLEY DRIVE LINCOLN, RI 02865 USA
DIRECTOR	MARIBETH Q. WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	ANDREA M. HOPKINS	720 WASHINGTON STREET COVENTRY, RI 02816 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 June, 2021 at 5:24:43 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 MARIBETH Q. WILLIAMSON
Signature of Authorized Person

Form No. 631
Revised 09/07