



**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: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 001712913

**2. Name of Corporation** South County Health 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: 100 KENYON AVENUE

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

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

THE CORPORATION IS ORGANIZED EXCLUSIVELY TO SUPPORT THE MISSION OF SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM D/B/A SOUTH COUNTY HEALTH, A RHODE ISLAND NON-PROFIT CORPORATION THAT IS EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE. THE MISSION OF SOUTH COUNTY HEALTH INCLUDES: OPERATING AND MAINTAINING A COMMUNITY GENERAL HOSPITAL AND ALLIED FACILITIES; SUPPORTING THE ADVANCEMENT OF THE KNOWLEDGE OF PRACTICE OF, AND EDUCATION AND RESEARCH IN, MEDICINE, SURGERY, NURSING AND ALL OTHER SUBJECTS RELATING TO THE CARE, TREATMENT AND HEALING OF PEOPLE; TO IMPROVE THE HEALTH AND WELFARE OF ALL PERSONS IN ITS HEALTH SERVICE AREA; AND TO SPONSOR, DEVELOP AND PROMOTE SERVICES AND PROGRAMS

WHICH ARE CHARITABLE, SCIENTIFIC OR EDUCATIONAL AND WHICH ADDRESS THE PHYSICAL AND MENTAL NEEDS OF THE RESIDENTS OF AND VISITORS TO SOUTHERN RHODE ISLAND. THE CORPORATION WILL FULFILL ITS PURPOSE PRIMARILY BY RAISING FUNDS TO SUPPORT THE MISSION OF SOUTH COUNTY HEALTH.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	AARON ROBINSON	100 KENYON AVE. WAKEFIELD, RI 02879 USA
SECRETARY	ROGEAN MAKOWSKI	100 KENYON AVE. WAKEFIELD, RI 02879 USA
VICE PRESIDENT	BREEN THOMAS	100 KENYON AVE. WAKEFIELD, RI 02879 USA
DIRECTOR	JOHN WARDLE	100 KENYON AVE. WAKEFIELD, RI 02879 USA
DIRECTOR	LAURA HARRIS	100 KENYON AVE. WAKEFIELD, RI 02879 USA
DIRECTOR	JOSEPH MATHEWS	100 KENYON AVE. WAKEFIELD, RI 02879 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**

AARON ROBINSON 100 KENYON AVENUE WAKEFIELD , RI 02879

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

**Signed this 18 Day of July, 2022 at 4:05:53 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 ANDREW B. PRESCOTT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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