



**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 - ENTER THE CURRENT FILING YEAR 2023: 2023**

**1. Corporate ID No.** 000106901

**2. Name of Corporation** THE WESTERLY HOSPITAL FOUNDATION, INC.

**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  
813211

**4. Principal Office Address**

No. and Street: 25 WELLS STREET  
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

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

TO PROMOTE THE CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF LMW HEALTHCARE INC BY COODINATING AND FURTHERING THE DELIVERY OF HEALTH CARE.

**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	PATRICK GREEN	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
TREASURER	VINCENT TAMMARO	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
SECRETARY	LESLIE LAMBRECHT	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	PETER HUMPHREY	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	WILLIAM H. HEEP	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	JOSEPH MICELI	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	ANN LAIN	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	JOHN HOLSTEIN	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	F. GREGORY AHERN	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	ALLEN LEADBETTER MD	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	CAROLINE MAYNARD	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	CHARLES GLEW	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	GRANT SIMMONS	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	LORRAINE RANDALL	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	MARTHA HOSP	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	SUSETTE TIBUS	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	WALTER TOMENSON	25 WELLS STREET WESTERLY, RI 02891 USA
DIRECTOR	MARIANNE NARDONE	365 MONTAUK AVENUE NEW LONDON, CT 06320 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 1 Day of May, 2023 at 7:31:38 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 LESLIE LAMBRECHT

Signature of Authorized Person

Form No. 631  
Revised 09/07

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