



**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 YEAR 2024: 2024

1. Corporate ID No. 000031486

2. Name of Corporation Kent County Memorial Hospital

3. State of Incorporation

State: RI

NAICS CODE

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
622110

4. Principal Office Address

No. and Street: 455 TOLL GATE ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

ENACTED BY THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1946
EFFECTIVE 04/25/1946. NON PROFIT COMMUNITY HOSPITAL

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	R. STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	JUDITH REMONDI	258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA
DIRECTOR	KEVIN BAILL MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
TREASURER	R. STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	CHARLES R REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
EX OFFICIO DIRECTOR	MICHAEL WAGNER MD	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
ASSISTANT TREASURER	TODD CONKLIN	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
DIRECTOR	ANA TUYA FULTON MD	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
ASSISTANT SECRETARY	ASHLEY TAYLOR ESQ.	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
PRESIDENT	PAARI GOPALAKRISHNAN MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	CAROLYNN MASTERS PH.D., RN	RHODE ISLAND COLLEGE, FLS 158-600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	PETER R. PHILLIPS	156 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
CHAIRPERSON	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
VICE CHAIRPERSON	R. STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	PATRICK J. MURRAY, JR.	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	JOSEPH J. MCGAIR, ESQ.	92 SANDY LANE WARWICK, RI 02889 USA
DIRECTOR	GARY E. 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

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

SUZANNE DUNI BRIGGS, JD,RN,BSN 455 TOLL GATE ROAD RISK MANAGEMENT DEPT.
WARWICK , RI 02886

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

Signed this 10 Day of April, 2024 at 10:27:43 AM 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 PAARI GOPALAKRISHNAN, MD
Signature of Authorized Person

Form No. 631
Revised 09/07

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