



**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 2025:** 2025

**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
PRESIDENT	PAARI GOPALAKRISHNAN, MD, MBA	455 TOLL GATE RD. WARWICK, RI 02886 USA
TREASURER	R. STEPHEN MANTY	4 MOCKINGBIRD LANE WALPOLE, MA 02081 USA
SECRETARY	JAMES A. BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
ASSISTANT SECRETARY	ASHLEY M. TAYLOR, ESQ.	4 RICHMOND SQUARE, SUITE 400 PROVIDENCE, RI 02906 USA
ASSISTANT TREASURER	TODD A. CONKLIN, CPA, MBA	4 RICHMOND SQUARE, SUITE 400 PROVIDENCE, RI 02906 USA
CHAIRPERSON	GARY E. FURTADO	15 BETH AVE. WARREN, RI 02885 USA
VICE-CHAIRPERSON	R. STEPHEN MANTY	4 MOCKINGBIRD LANE WALPOLE, MA 02081 USA
EX OFFICIO DIRECTOR	MICHAEL WAGNER, MD	4 RICHMOND SQUARE, SUITE 400 PROVIDENCE, RI 02906 USA
DIRECTOR	KEVIN BAILL, MD	345 BLACKSTONE BLVD. PROVIDENCE, RI 02906 USA
DIRECTOR	SHARON D. CONARD-WELLS	85 MAJESTIC AVE. WARWICK, RI 02888 USA
DIRECTOR	EDWARD J. COONEY, MPA	22 ALLISON COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	GARY E. FURTADO	15 BETH AVE. WARREN, RI 02885 USA
DIRECTOR	JAMES A. BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	R. STEPHEN MANTY	4 MOCKINGBIRD LANE WALPOLE, MA 02081 USA
DIRECTOR	ANA TUYA FULTON, MD	4 RICHMOND SQUARE, SUITE 400 PROVIDENCE, RI 02906 USA
DIRECTOR	CAROLYNN MASTERS, PHD, RN	17 IRONWOOD DRIVE COVENTRY, RI 02816 USA
DIRECTOR	JOSEPH J. MCGAIR, ESQ.	95 SANDY LANE WARWICK, RI 02889 USA
DIRECTOR	PATRICK J. MURRAY, JR.	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	PETER R. PHILLIPS, CFA, CAIA	218 FINCH LANE SAUNDERSTOWN, RI 02874 USA
DIRECTOR	JUDITH DICKSTEIN REMONDI	25 BECCLES ROAD FALMOUTH, MA 02540 USA
DIRECTOR	CHARLES R. REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	METHODIUS G. TUULI, MD, MPH, MBA	101 DUDLEY ST. PROVIDENCE, RI 02905 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD ST. WEST WARWICK, RI 02893 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 9 Day of April, 2025 at 11:24:10 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 ASHLEY M. TAYLOR, ESQ.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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