



**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.** 001780846

**2. Name of Corporation** SAVE SOUTH COUNTY 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: 5 WILDFIELD FARM ROAD

City or Town: NARRAGANSETT

State: RI Zip: 02882 Country: US

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

THE CORPORATION IS OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE, AS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (OR ANY CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE). THE CORPORATION'S PURPOSE SHALL  
CONSIST OF EXERCISING ALL POWER AND PERFORMING ALL ACTS PERMITTED AS A  
NONPROFIT CORPORATION UNDER RHODE ISLAND LAW, TO THE EXTENT THE

EXERCISE OF SUCH POWERS AND THE PERFORMANCE OF SUCH ACTS ARE IN FURTHERANCE OF THE CORPORATION'S EXEMPT PURPOSE AS STATED HEREIN. THE CORPORATION'S PURPOSE MAY INCLUDE, BUT NOT BE LIMITED TO, ADVOCACY FOR SOUTH COUNTY HOSPITAL, SOUTH COUNTY HEALTH, AND ALL RELATED ENTITIES AS AN IMPORTANT VEHICLE TO IMPROVE THE HEALTH, SAFETY AND WELFARE OF THE GENERAL PUBLIC.

**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
INCORPORATOR	JOHN O'LEARY DO	18 SCHOONER DR WAKEFIELD, RI 02882 USA
INCORPORATOR	CHRISTINE SIRAVO	2255 COMMODORE OLIVER HAZARD PERRY HIGHWAY WAKEFIELD, RI 02879 USA
INCORPORATOR	STEVEN FERA MD	30 TOMAHAWK TRAIL NORTH WAKEFIELD, RI 02882 USA
INCORPORATOR	ROGER W ASHLEY MD	700 POST RD WAKEFIELD, RI 02879 USA
INCORPORATOR	LAURIE A KELLY	25 WILDFIELD FARM RD NARRAGANSETT, RI 02882 USA
OTHER OFFICER	WHEATON VAUGHAN	5 WHITNEY COURT NARRAGANSETT, RI 02882-4215 US
DIRECTOR	JOHN O'LEARY DO	18 SCHOONER DR WAKEFIELD, RI 02879 USA
DIRECTOR	CHRISTINE SIRAVO	2255 COMMODORE OLIVER HAZARD PERRY HIGHWAY WAKDFIELD, RI 02879 USA
DIRECTOR	STEVEN FERA MD	30 TOMAHAWK TRAIL NORTH WAKEFIELD, RI 02879 USA
DIRECTOR	ROGER W ASHLEY MD	700 POST RD WAKEFIELD, RI 02879 USA
DIRECTOR	LAURIE A KELLY	25 WILDFIELD FARM RD NARRAGANSETT, RI 02882 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**

LAURIE KELLY 25 WILDFIELD FARM RD NARRAGANSETT , RI 02882

**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 April, 2025 at 10:09:50 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 WHEATON VAUGHAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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