



**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. 000027471

2. Name of Corporation KENT COUNTY VISITING NURSE ASSOCIATION

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: 51 HEALTH LANE

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

ID# 29484 THE PAWTUXET VALLEY VISISTING NURSE ASSOCIATION AND ID# 1706718 KENT COUNTY EAST VISITING NURSE ASSOCIATION CONSOLIDATED ON 03/15/1971 TO FORM ID# 27471 KENT COUNTY VISITING NURSE ASSOCIATION. SKILLED IN HOME HEALTH SERVICES

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 First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-------|--|--|
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| | | |
|---------------------|------------------------|--|
| SECRETARY | JAMES BOTVIN | 12 BAGY WRINKLE COVE WARREN, RI 02885 USA |
| VICE-CHAIRPERSON | GARY E. FURTADO | 15 BETH AVENUE WARREN, RI 02885 USA |
| VICE-CHAIRPERSON | MARIBETH WILLIAMSON | 450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA |
| ASSISTANT SECRETARY | ASHLEY TAYLOR ESQ | 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA |
| DIRECTOR | RUDOLPH MOSELEY JR. | 35 RED CEDAR LANE NORTH PROVIDENCE, RI 02904 USA |
| DIRECTOR | JUDITH REMONDI | 258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA |
| CHAIRPERSON | CHARLES R. REPPUCCI | 215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA |
| DIRECTOR | CHARLES R. REPPUCCI | 215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA |
| DIRECTOR | R. STEPHEN MANTY | 110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA |
| EXECUTIVE DIRECTOR | KATHLEEN PEIRCE | 51 HEALTH LANE WARWICK, RI 02886 USA |
| ASSISTANT TREASURER | JOSEPH IANNONI | 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA |
| EX OFFICIO DIRECTOR | JAMES FANALE, MD | 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA |
| TREASURER | R. STEPHEN MANTY | 110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA |
| DIRECTOR | KEVIN BAILL MD | 345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA |
| DIRECTOR | ANA TUYA FULTON MD | 455 TOLL GATE ROAD WARWICK, RI 02889 USA |
| DIRECTOR | WILLIAM M. KAPOS | 401 OCEAN ROAD NARRAGANSETT, RI 02882 USA |
| DIRECTOR | SHARON CONARD- WELLS | 85 MAJESTIC AVENUE WARWICK, RI 02888 USA |
| DIRECTOR | KENT W. GLADDING | 10 JAY COURT CRANSTON, RI 02921 USA |
| DIRECTOR | DOUGLAS JACOBS | 1141 NORTH MAIN ROAD JAMESTOWN, RI 02835 USA |
| DIRECTOR | JAMES BOTVIN | 12 BAGY WRINKLE COVE WARREN, RI 02885 USA |
| DIRECTOR | GARY E. FURTADO | 15 BETH AVENUE WARREN, RI 02885 USA |
| DIRECTOR | MARIO BUENO | 98 FLETCHER AVENUE CRANSTON, RI 02920 USA |
| DIRECTOR | PATRICK J. MURRAY, JR. | 255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA |
| DIRECTOR | JOSEPH J. MCGAIR, ESQ. | 92 SANDY LANE WARWICK, RI 02889 USA |
| DIRECTOR | MARIBETH WILLIAMSON | 450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA |

KATHLEEN PEIRCE 51 HEALTH LANE 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 29 Day of March, 2022 at 11:37:35 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 TAYLOR
Signature of Authorized Person

Form No. 631
Revised 09/07

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