



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), 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.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 000034675

**2. Name of Corporation** BUTLER HOSPITAL

**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

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 345 BLACKSTONE BOULEVARD

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

NON-PROFIT HOSPITAL AND ASSOCIATED FACILITIES FOR THE DIAGNOSIS, CARE AND TREATMENT OF PERSONS SUFFERING FROM MENTAL ILLNESS, SUBSTANCE ABUSE AND OTHER BEHAVIORAL AND NEUROBEHAVIORAL DISORDERS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY MARRAN	345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
SECRETARY	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
CHAIRPERSON	CHARLES R. REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	CHARLES R. REPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
VICE CHAIRPERSON	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
VICE CHAIRPERSON	GARY FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	R. STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 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
TREASURER	R. STEPHEN MANTY	110 ROYAL LITTLE DRIV PROVIDENCE, RI 02904 USA
DIRECTOR	ANA TUYA FULTON MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	KEVIN BAILL MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
ASSISTANT TREASURER	JOSEPH IANNONI	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
ASSISTANT SECRETARY	ASHLEY TAYLOR	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
EX OFFICIO DIRECTOR	JAMES E. FANALE MD	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	JOSEPH MCGAIR	797 BALD HILL ROAD WARWICK, RI 02886 USA
DIRECTOR	PATRICK MURRAY	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	KENT GLADDING	10 JAY COURT CRANSTON, RI 02921 USA
DIRECTOR	WILLIAM M KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	MARIO BUENO	626 BROAD STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	DOUGLAS JACOBS	67 ORCHARD STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	GARY FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	SHARON CONARD-WELLS	85 MAJESTIC AVENUE WARWICK, RI 02888 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARYANN DASILVA 345 BLACKSTONE BOULEVARD PROVIDENCE , RI 02906

**Signed this 21 Day of April, 2022 at 8:52:06 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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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

April 21, 2022 08:51 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

