



**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

**Foreign Non-Profit  
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.** 000095660

**2. Name of Corporation** Southcoast Hospitals Group, Inc.

**3. State of Incorporation**

State: MA

**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: 363 HIGHLAND AVENUE

City or Town: FALL RIVER

State: MA

Zip: 02720

Country: USA

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

TO PROVIDE HEALTH CARE SERVICES THROUGH ITS HOSPITALS AND OTHER FACILITIES

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

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	DAVID MCCREADY	8 DEAN CIRCLE ANDOVER, MA 01810 USA
TREASURER	WADE BROUGHMAN	25 BENJAMIN TRIPP ROAD WESTPORT, MA 02790 USA
ASSISTANT CLERK	RENEE CLARK	FIVE BLUEBERRY LANE MILLIS, MA 02054 USA
CLERK	CHRISTOPHER M HODGSON	165 ROCK O DUNDEE ROAD SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	JOHN MUNGOVAN MD	22 ROBBINS DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	DAVID MCCREADY	8 DEAN CIRCLE ANDOVER, MA 01810 USA
DIRECTOR	HEIDI A KOSTIN	101 PAGE STREET NEW BEDFORD, MA 02740 USA
DIRECTOR	CARMEN F SYLVESTER	101 PAGE STREET NEW BEDFORD, MA 02740 USA
DIRECTOR	CHRISTOPHER M. HODGSON	165 ROCK O DUNDEE ROAD SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	DONALD G. GIUMETTI	10 PRINCE SNOW CIRCLE MATTAPOISETT, MA 02739 USA
DIRECTOR	JAY S SCHACHNE MD	101 PAGE STREET NEW BEDFORD, MA 02740 USA
DIRECTOR	JONATHAN L ROUNDS	101 PAGE STREET NEW BEDFORD, MA 02740 USA
DIRECTOR	ILANA FEINERMAN MD	43 PLEASANT STREET S. DARTMOUTH, MA 02748 USA
DIRECTOR	W. HUGH M. MORTON	1480 DRIFT ROAD WESTPORT, MA 02790 USA
DIRECTOR	HELENA DASILVA HUGHES	9 TRACEY STREET ACUSHNET, MA 02743 USA
DIRECTOR	ELIZABETH HUIDEKOPER	7 TERN LANE DARTMOUTH, MA 02748 USA
DIRECTOR	DENNIS J. FUSCO	2 PRINCE SNOW CIRCLE MATTAPOISETT, MA 02739 USA
DIRECTOR	LOUIS A CABRAL	304 CHURCH POND DRIVE TIVERTON, RI 02878 USA
DIRECTOR	JASON RUA	24 KYLE JACOB ROAD N. DARTMOUTH, MA 02747 USA
DIRECTOR	SALMAN BASHIR MD	305 GREENWICH AVENUE WARWICK, RI 02886 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**

DANIEL F. SULLIVAN, ESQ. ROBINSON & COLE LLP ONE FINANCIAL PLAZA, SUITE 1430  
PROVIDENCE , RI 02903

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

**Signed this 2 Day of February, 2024 at 1:28:35 PM 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 DAVID MCCREADY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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