



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 2024: 2024

1. Corporate ID No. 000091577

2. Name of Corporation Southeastern Healthcare System, Inc.

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

999999

4. Principal Office Address

No. and Street: 111 BREWSTER STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

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

TO DEVELOP OPERATE AND MAINTAIN AND INTEGRATED HEALTH CARE SYSTEM FOR THE DELIVERY OF MEDICAL AND SURGICAL TREATMENT.

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 |
|-------|-----------------|---------|
|-------|-----------------|---------|

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|---------------------|-------------------------------|---|
| SECRETARY | JAMES BOTVIN | 12 BAGY WRINKLE COVE WARREN, RI 02885 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 |
| DIRECTOR | JUDITH REMONDI | 258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA |
| ASSISTANT TREASURER | TODD CONKLIN | 4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA |
| DIRECTOR | CAROLYNN MASTERS PH.D., RN | RHODE ISLAND COLLEGE, FLS 158-600 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908 USA |
| DIRECTOR | PETER R. PHILLIPS | 156 WESTMINSTER STREET PROVIDENCE, RI 02903 USA |
| DIRECTOR | ANA TUYA FULTON MD | 4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA |
| TREASURER | R. STEPHEN MANTY | 110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA |
| DIRECTOR | KEVIN BAILL MD | 345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA |
| ASSISTANT SECRETARY | ASHLEY TAYLOR ESQ | 4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA |
| EX OFFICIO DIRECTOR | MICHAEL WAGNER MD | 4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA |
| PRESIDENT | MICHAEL WAGNER MD | 4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA |
| CHAIRPERSON | GARY E. FURTADO | 5 BETH AVENUE WARREN, RI 02885 USA |
| VICE CHAIRPERSON | R. STEPHEN MANTY | 110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA |
| DIRECTOR | JAMES BOTVIN | 12 BAGY WRINKLE COVE WARREN, RI 02885 USA |
| DIRECTOR | JOSEPH J. MCGAIR, ESQ. | 92 SANDY LANE WARWICK, RI 02886 USA |
| DIRECTOR | PATRICK J. MURRAY, JR. | 255 BOXWOOD LAND BRIDGEWATER, MA 02324 USA |
| DIRECTOR | SHARON CONARD-WELLS | 85 MAJESTIC AVENUE WARWICK, RI 02888 USA |
| DIRECTOR | MARIBETH WILLIAMSON | 450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA |
| DIRECTOR | GARY E. FURTADO | 15 BETH AVENUE WARREN, RI 02885 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

ASHLEY TAYLOR 4 RICHMOND SQUARE PROVIDENCE , RI 02906

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

Signed this 10 Day of April, 2024 at 11:44:43 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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