State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. Corporate ID No	2. Name of Corporation		
000070219	The Center for Health and Human Services		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	21 Peace Street	Providence	02907
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

Community Health Services and Programs

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
John M. Fogarty			None		
Street Address			Street Address		
200 High Service Avenue					
City	State	Zip	City	State	Zip
No. Providence	RI	02904			
Secretary Name			Treasurer Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

Director Name			Director Name		
John M. Fogarty			Brandon Klar		
Street Address			Street Address		
c/o St. Joseph Health Svs. 200 High Service Avenue			c/o St.Joseph Health Services 200 High Service Avenue		
City	State	Zip	City	State	Zip
North Prov.	RI	02904	North Prov.	RI	02904
Director Name			Director Name		
Kathleen Kenny					
Street Address			Street Address		
c/o St. Joseph Health Svs. 200 High Service Avenue					
City	State	Zip	City	State	Zip
No. Prov.	RI	02904			

9. REGISTERED AGENT IN RHODE ISLAND

John M. Fogarty, 200 High Service Avenue, North Providence, RI 02904

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 041 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAR 09 2009 11:32

BY AMF 83044

File Date	2009 MAR -9 AM 11:32
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By:	

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

3/5/09
Signature of Officer *Date*

John M. Fogarty
Print or Type Name of Officer

President
Title of Officer

Form 631 Rev. 09/17