



State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2010

1. Corporate ID No. 000030237

2. Name of Corporation RHODE ISLAND HEALTH CENTER ASSOCIATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 235 PROMENADE STREET, SUITE 104

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

PLANNING, ADVOCACY AND TECHNICAL ASSISTANCE FOR COMMUNITY HEALTH CENTERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER, RIHCA BOARD	RAY LAVOIE	BVCHC 42 PARK PLACE PAWTUCKET, RI 02860 USA
VICE CHAIR, RIHCA BOARD	DENNIS ROY	EAST BAY CAP 19 BROADWAY NEWPORT, RI 02840 USA
SECRETARY, RIHCA BOARD	BRENDA DOWLATSHAHI	TRI-TOWN CAP 1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA
CHAIR, RIHCA BOARD	MERRILL THOMAS	PROVIDENCE CHC 375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
PRESIDENT & CEO	JANE A HAYWARD	RIHCA 235 PROMENADE ST., SUITE 104 PROVIDENCE, RI 02914 USA
DIRECTOR	ED CONKLIN	WOOD RIVER HEALTH SERVICES 823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	MARIA MONTANARO	THUNDERMIST HEALTH CTR. 450 CLINTON STREET WOONSOCKET, RI 02895 USA
DIRECTOR	WILLIAM HOCHSTRASSER-WALSH	CCAP/FAMILY HEALTH SERVICES 311 DORIC AVENUE CRANSTON, RI 02910 USA
DIRECTOR	WILLIAM HOCHSTRASSER-WALSH	CCAP/FAMILY HEALTH SERVICES 311 DORIC AVENUE CRANSTON, RI 02910 USA
DIRECTOR	ED CONKLIN	WOOD RIVER HEALTH SERVICES 823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	PETER BANCROFT	WELLONE PRIMARY MEDICAL & DENTAL CARE 36 BRIDGE WAY PASCOAG, RI 02859 USA
DIRECTOR	GLORIA ROSE	CHAD BROWN HEALTH CENTER 285A CHAD BROWN STREET PROVIDENCE, RI 02908 USA
DIRECTOR	MONTY STOVER	BLOCK ISLAND HEALTH SERVICES BOX 919 BLOCK ISLAND, RI 02807 USA
DIRECTOR	STANLEY BLOCK	PROVIDENCE CHC 375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	PETER BANCROFT	WELLONE PRIMARY MEDICAL & DENTAL CARE 36 BRIDGE WAY PASCOAG, RI 02859 USA
DIRECTOR	STANLEY BLOCK	PROVIDENCE CHC 375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MARIA MONTANARO	THUNDERMIST HEALTH CTR. 450 CLINTON STREET WOONSOCKET, RI 02895 USA
DIRECTOR	GLORIA ROSE	CHAD BROWN HEALTH CENTER 285A CHAD BROWN STREET PROVIDENCE, RI 02908 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**

JANE A. HAYWARD 235 PROMENADE STREET, SUITE 104 PROVIDENCE , RI 02908

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

Signed this 17 Day of June, 2010 at 1:57:34 PM. *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 corporation, 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 JANE A. HAYWARD

Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or

Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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