



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: 2011

1. Corporate ID No. 000152204

2. Name of Corporation Northern Rhode Island Area Health Education Center

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1 CUMBERLAND ST., 2ND FLOOR

City or Town: WOONSOCKET

State: RI Zip: 02895 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

TO ENHANCE ACCESS TO QUALITY HEALTH CARE, PARTICULARLY PRIMARY AND PREVENTATIVE CARE, BY IMPROVING THE SUPPLY AND DISTRIBUTION OF HEALTH CARE PROFESSIONALS THROUGH COMMUNITY AND ACADEMIC EDUCATIONAL PARTNERSHIPS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	ANDREA MARCOTTE	36 BRIDGEWAY PASCOAG, RI 02859 USA
TREASURER	JASON PEZZULLO	869 PARK AVENUE CRANSTON, RI 02910 USA
SECRETARY	CHRISTIAN STEPHENS	PO BOX 1700 WOONSOCKET, RI 02895 USA
VICE PRESIDENT	ERICKA MOORE	299 PROMENADE ST. PROVIDENCE, RI 02908 USA
EX OFFICIO BOARD MEMBER	ARTHUR FRAZZANO MD	BOX G-A1 PROVIDENCE, RI 02912 USA
DIRECTOR	MARY EVANS	235 PROMENADE ST., SUITE 104 PROVIDENCE, RI 02908 USA
DIRECTOR	MARINA MACNAMARA	16 EUROPE ST, APT. 1R, PROVIDENCE, RI 02903 USA
DIRECTOR	ANDREA LEON	13 HIGH STREET NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	CYNTHIA FARRELL	450 CLINTON STREET WOONSOCKET, RI 02895 USA
DIRECTOR	KRISTEN SAYLES	39 HOMESTEAD AVENUE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	JOYCE DOLBEC	514 BLACKSTONE STREET WOONSOCKET, RI 02895 USA
DIRECTOR	JENNIE CHILLER-GORDON	275 PROMENADE STREET, SUITE 225 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

YVETTE MENDEZ 1 CUMBERLAND STREET, 2ND FLOOR WOONSOCKET , RI 02895

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

Signed this 25 Day of May, 2011 at 9:01:48 AM. *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 ANDREA MARCOTTE
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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