



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. 000095555

2. Name of Corporation INTERNATIONAL HEALTHCARE FOUNDATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: ONE BLACKSTONE PLACE

City or Town: PROVIDENCE

State: RI Zip: 02905 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

CHARITABLE PURPOSES, TO DEVELOP AN EDUCATIONAL AND HUMANITARIAN EXCHANGE PROGRAM

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
SECRETARY	THERESA RAPOSA	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
SECRETARY	THERESA RAPOSA	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
PRESIDENT	CORNELIUS O GRANAI, III MD	101 DUDLEY STREET PROVIDENCE, RI 02905-02499 USA
DIRECTOR	AMANDA GOLDSTEIN	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	TREVOR TEJADA-BERGES MD	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	JOSE TERRELBA	180 SHAW AVENUE CRANSTON, RI 02905 USA
DIRECTOR	LUIS ROJAS MD	CALDERON III/APT 602, ENSANCHE BELLA VISA SANTO DOMINGO, DOM
DIRECTOR	SANTIAGO COLLADO MD	CAPTAIN EUGENIO DE MARCHENA, NO 33, ENS. LA ESPERILLA SANTO DOMINGO, DOM
DIRECTOR	RAMON GARCIA	PO BOX 1086 NATIONALE DOMINICANA, DOM
DIRECTOR	MARTHA BUONANNO	100 FREEMAN PARKWAY PROVIDENCE, RI 02906 USA
DIRECTOR	JANICE VIOLANTE	34 HAMPSHIRE ROAD CRANSTON, RI 02910 USA
DIRECTOR	MALCOLM CHACE III	PROVIDENCE RI, RI 02906 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**

CORNELIUS O. GRANAI, III ONE BLACKSTONE PLACE PROVIDENCE , RI 02905

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

Signed this 30 Day of June, 2011 at 3:13:14 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 THERESA RAPOSA
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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