



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.** 000026279

**2. Name of Corporation** Thundermist Health Center

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 191 SOCIAL STREET

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**

PRIVATE, NONPROFIT, COMPREHENSIVE COMMUNITY HEALTH CENTER

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CHARLES T. JONES	450 CLINTON STREET WOONSOCKET, RI 02895 USA
TREASURER	M. DOUGLAS FAY	55 DORRANCE STREET, 4TH FLOOR PROVIDENCE, RI 02903 USA
SECRETARY	JANICE MAGUIRE	40 MELLBRIDGE DRIVE WAKEFIELD, RI 02879 USA
CHAIRWOMAN	MARY EDDY	110 SHADOW FARM WAY, #37 WAKEFIELD, RI 02879 USA
VICE CHAIRWOMAN	LOIS MONTEIRO	370 BARNES ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	LAURA ADAMS	275 PROMENADE STREET, SUITE 225 PROVIDENCE, RI 02908 USA
DIRECTOR	FILOMENA GUSTAFSON	183 LOCKWOOD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	LAURENT LAMOTHE	10 HARRIS AVENUE WEST WARWICK, RI 02893 USA
DIRECTOR	LAWRENCE TRIM	2 FAIRWAY DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	RONDA ROBIN	50 ROCKLAND AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	LOIS CHAVEZ	1543 SOUTH ROAD KINGSTON, RI 02881 USA
DIRECTOR	THOMAS EVANS	65 ALBRO LANE WAKEFIELD, RI 02879 USA
DIRECTOR	BRENDA SEAGRAVE-WHITTLE	299 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	RYAN STEPHENSON	1116 TOLLGATE ROAD WARWICK, RI 02886 USA
DIRECTOR	TIMOTHY HENRY	27 CEDAR POND DRIVE, APT. #5 WARWICK, RI 02886 USA
DIRECTOR	LINDA CANNISTRA	87 RIDGE ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	JACQUES DELAPORTE	P. O. BOX 5359 WAKEFIELD, RI 02879 USA
DIRECTOR	MARY ELLEN FAIN	211 WATERMAN STREET, APT. 1 PROVIDENCE, RI 02906 USA
DIRECTOR	DONALD LARSEN	220 VILLAGE ROAD, APT. #19 WOONSOCKET, RI 02895 USA
DIRECTOR	MARY ELLEN CANIGLIA	31 TABER AVENUE WEST KINGSTON, RI 02892 USA
DIRECTOR	ZAIDA LOPEZ	242 FOURTH AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	AMY LEDUC	97 MIDDLE STREET NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	ALICIA TILLSON	829 RIVER STREET WOONSOCKET, RI 02895 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**

SAMUEL LINIADI 191 SOCIAL STREET WOONSOCKET , RI 02895

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

**Signed this 30 Day of August, 2011 at 5:57:40 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 JANICE MAGUIRE

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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