



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>30237</b>		2. Exact name of the Corporation <b>Rhode Island Health Center Association Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>We are the membership organization for Rhode Island's community health centers, working to support and strengthen them so they can provide quality, comprehensive health care for all Rhode Islanders.</b>			
5. Principal office address <b>235 Promenade Street, Suite 455</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Peter Bancroft (BOARD PRES.); JANE A. HAYWARD, PRES. + CEO</b>		Vice-President Name <b>Merrill Thomas</b>			
Street Address <b>235 Promenade Street Suite 455</b>		Street Address <b>235 Promenade Street Suite 455</b>			
City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	
State <b>RI</b>		Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Brenda Dowlatshahi</b>		Treasurer Name <b>Dennis Roy</b>			
Street Address <b>235 Promenade Street Suite 455</b>		Street Address <b>235 Promenade Street Suite 455</b>			
City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	
State <b>RI</b>		Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Raymond Lavoie</b>		Director Name <b>Michael Lichtenstein</b>			
Street Address <b>235 Promenade Street Suite 455</b>		Street Address <b>235 Promenade Street Suite 455</b>			
City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	
State <b>RI</b>		Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Chuck Jones</b>		Director Name <b>William Hochstrasser-Walsh</b>			
Street Address <b>235 Promenade Street Suite 455</b>		Street Address <b>235 Promenade Street Suite 455</b>			
City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	
State <b>RI</b>		Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 07 2012

BY \_\_\_\_\_

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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.

*Jane A. Hayward* 5/24/2012  
 Signature of Officer Date

Jane A. Hayward  
 Print or Type Name of Officer

President & Chief Executive Officer  
 Title of Officer