



**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>102746</b>		2. Exact name of the Corporation <b>The Rhode Island Free Clinic, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Offering high quality physician primary care and preventative health services to children and adults who do not have health insurance or cannot afford to purchase such services.</b>			
5. Principal office address <b>655 Broad Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02907</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
President Name <b>Valerie M. Littlefield</b>			Vice-President Name <b>Mark Gim</b>		
Street Address <b>302 Central Avenue</b>			Street Address <b>23 Broad Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>William Fitzgerald</b>			Treasurer Name <b>Thomas N. Forsythe</b>		
Street Address <b>100 Amica Way</b>			Street Address <b>117 Metro Center Boulevard</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</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 checked="" type="checkbox"/></b>					
Director Name <b>Lelani Bonner</b>			Director Name <b>Jeffrey F. Chase-Lubitz</b>		
Street Address <b>270 Weybossett Street</b>			Street Address <b>10 Weybossett Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Andrew W. Davis</b>			Director Name <b>Judy Diaz</b>		
Street Address <b>101 Dyer Street</b>			Street Address <b>70 Catamore Boulevard</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</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

**FILED**

**JUN 21 2012**

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.

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

By *MNC*  
*CH # 3506*

Signature of Officer *Thomas N. Forsythe* Date

Print or Type Name of Officer  
**THOMAS N. FORSYTHE**

Title of Officer  
**CEO**

