



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

**Foreign Non-Profit
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: 2013

1. Corporate ID No. 000102508

2. Name of Corporation The Fishing Partnership Health Plan Corporation

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 155 SOUTH MAIN STREET
SUITE 301

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 30 CHESTNUT AVE, #2

City or Town: BURLINGTON State: MA Zip: 01803 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE AFFORDABLE HEALTH INSURANCE TO MEMBERS OF THE FISHING INDUSTRY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| TREASURER | KEVIN COUNIHAN | 58 CLIFF ROAD WELLESLEY HILLS, MA 02481 USA |
| SECRETARY | DAVID CHICOINE | 160 STATE STREET NEWBURYPORT, MA 01950 USA |
| PRESIDENT | JOHN R BARTLETT JR. | 56 ROBBINS STREET ACTON, MA 01720 USA |

| | | |
|---------------|-------------------|---|
| OTHER OFFICER | JOHN BARTLETT | 30 CHESTNUT AVE, #2 BURLINGTON, MA 01803 UNI |
| DIRECTOR | ANGELA SANFILIPPO | 3 BEAUPORT AVENUE GLOUCESTER, MA 01930 USA |
| DIRECTOR | STEVE TRINGALE | 93 AVALON ROAD READING, MA 01867 USA |
| DIRECTOR | JAMES KENDALL | 19 WEAVER STREET NEW BEDFORD, MA 02740 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 13 Day of January, 2014 at 4:48:10 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 § 7-1.2.*

By JOHN ROYER BARTLETT JR
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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