



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: 2014

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address 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
CHAIRPERSON	LOIS A MONTEIRO PHD	370 BARNES ROAD HARRISVILLE, RI 02830 USA
VICE CHAIRPERSON	TIMOTHY HENRY	25 CLIFF AVENUE CRANSTON, RI 02920 USA
DIRECTOR	LAURA ADAMS	235 PROMENADE STREET, SUITE 600 PROVIDENCE, RI 02908 USA
DIRECTOR	MARY ELLEN CANIGLIA	31 TABER AVENUE WEST KINGSTON, RI 02892 USA
DIRECTOR	AMY LEDUC	97 MIDDLE STREET NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MARY EDDY	110 SHADOW FARM WAY, #37 WAKEFIELD, RI 02879 USA
DIRECTOR	CHERYL KING	1207 MENDON ROAD WOONSOCKET, RI 02895 USA
DIRECTOR	SAMANTHA LICHMAN	70 LEDGE ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	DONALD LARSEN	160 HUNTS AVENUE PAWTUCKET, RI 02861 USA
DIRECTOR	LAWRENCE TRIM	2 FAIRWAY DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	BRENDA SEAGRAVE-WHITTLE	299 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	LINDA CANNISTRA	87 RIDGE ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	MARY ELLEN FAIN	211 WATERMAN STREET, APT. 1 PROVIDENCE, RI 02906 USA
DIRECTOR	LAURENT LAMOTHE	1170 MAIN STREET WEST WARWICK, RI 02893 USA
DIRECTOR	DAVID VALOIS	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	ALICIA TILLSON	829 RIVER STREET WOONSOCKET, RI 02895 USA
DIRECTOR	FILOMENA GUSTAFSON	183 LOCKWOOD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	JOHN POPE	31 1/2 MILL STREET WEST WARWICK, RI 02893 USA
DIRECTOR	MAUREEN MEYER	141 SPENCER AVENUE EAST GREENWICH, RI 02818 USA
DIRECTOR	JON-PAUL CAPECE	62 RACCOON HILL ROAD WEST GREENWICH, RI 02817 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**

CHARLES T. JONES 450 CLINTON 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 12 Day of February, 2014 at 2:47:18 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 CHARLES T. JONES

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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