



**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. 000184486

2. Name of Corporation Clinica Esperanza/Hope Clinic

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 60 VALLEY STREET, SUITE 104

City or Town: PROVIDENCE

State: RI Zip: 02909 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

OFFERING HIGH QUALITY PHYSICIAN PRIMARY CARE AND PREVENTIVE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DO NOT HAVE HEALTH INSURANCE AND CANNOT AFFORD TO PURCHASE SUCH SERVICES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ANNE DE GROOT	146 CLIFFORD STREET PROVIDENCE, RI 02903 USA
SECRETARY	MARY PATH SMITH	470 MYLES STANDISH BLVD.

		TAUNTON, MA 02780 USA
DIRECTOR	DAWNA BLAKE	830 CHALKSTONE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	PENNY DENNEHY	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	TIM BROWN	470 MYLES STANDISH BOULEVARD TAUNTON, MA 02780 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**

ANNE DEGROOT, M.D. 292 MORRIS AVENUE PROVIDENCE , RI 02908

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

Signed this 30 Day of April, 2014 at 12:18:40 PM by the authorized person. *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 company, 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 CARLOS JUAREZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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