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. 000114549

2. Name of Corporation Neighborhood Health Plan of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 299 PROMENADE STREET
City or Town: PROVIDENCE State: RI Zip: 02908 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

HEALTH MAINTENANCE ORGANIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JAMES HOOLEY	18 JOSSELYN AVENUE DUXBURY, MA 02332 USA
TREASURER	PETER WALSH	44 WASHINGTON STREET PROVIDENCE, RI 02903 USA
SECRETARY	BRENDA DOWLATSHAHI	1126 HARTFORD AVENUE

		JOHNSTON, RI 02919 USA
CHAIR	MERRILL THOMAS	375 ALLANS AVENUE PROVIDENCE, RI 02905 USA
VICE CHAIR	JANE HAYWARD	235 PROMENADE STREET - SUITE 104 PROVIDENCE, RI 02908 USA
DIRECTOR	DENNIS ROY	100 BULLOCKS POINT AVENUE RIVERSIDE, RI 02905 USA
DIRECTOR	WILLIAM HOCHSTRASSER-WALSH	311 DORIC AVENUE CRANSTON, RI 02910 USA
DIRECTOR	JANE HAYWARD	235 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	MERRILL THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	PETER BANCROFT	36 BRIDGEWAY PASCOAG, RI 02859 USA
DIRECTOR	CHRISTOPHER LITTLE	72 PINE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	PABLO RODRIGUEZ M.D.	407 EAST AVE-STE 150 PAWTUCKET, RI 02860 USA
DIRECTOR	CHUCK JONES	450 CLINTON STREET WOONSOCKET, RI 02895 USA
DIRECTOR	RAYMOND LAVOIE	39 EAST AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	MICHAEL LICHTENSTEIN	823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	DARRELL LEE	2 SANDY POINT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	PATRICIA MARTINEZ	142 OAKLAND AVENUE DARLINGTON, RI 02861 USA
DIRECTOR	DORIS DE LOS SANTOS	61 DEWEY STREET PROVIDENCE, RI 02909 USA
DIRECTOR	PETER WALSH	44 WASHINGTON STREET PROVIDENCE, RI 02903 USA
DIRECTOR	BRENDA DOWLATSHAHI	1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	JAMES HOOLEY	18 JOSSELYN AVENUE DUXBURY, MA 02332 USA
DIRECTOR	RICHARD BESDINE M.D.	121 SOUTH MAIN STREET PROVIDENCE, RI 02912 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

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903-

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

Signed this 16 Day of June, 2014 at 10:24:52 AM 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 JAMES A. HOOLEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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