



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: 2014

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: C/O CT CORPORATION SYSTEM
450 VETERANS MEMORIAL PARKWAY,
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 02914 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

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
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
DIRECTOR	JOHN FREEDMAN	29 CRAFTS STREET, SUITE 470 NEWTON, MA 02458 USA
DIRECTOR	GRAHAM SHALGIAN	273 FRANKLIN STREET BRAintree, MA 02184 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, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of July, 2014 at 3:36:21 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 JOHN BARTLETT
Signature of Authorized Person

Form No. 631
Revised 09/07

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