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. 000104323

2. Name of Corporation Connecticut Peer Review Organization, Inc.

3. State of Incorporation

State: CT

4. Corporate Address in Rhode Island

No. and Street: C/O TIMOTHY ELWELL
1290 SILAS DEAN HIGHWAY, SUITE 4A
City or Town: WETHERSFIELD State: RI Zip: 06109 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 OFFER REVIEW AND EVALUATION SERVICES FOR THE HEALTH CARE DELIVERY SYSTEM

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
PRESIDENT	TIMOTHY ELWELL	1290 SILAS DEANE HIGHWAY SUITE 4A WETHERSFIELD, CT 06109 USA
TREASURER	WILLIAM SCALZI	65 INDUSTRY DRIVE WEST HAVEN, CT 06516 USA
SECRETARY	KURT BARWIS	41 BREWSTER RD BRISTOL, CT 06010 USA

VICE PRESIDENT	LISA CONNOLLY	975 CORBIN AVENUE NEW BRIRAIN, CT 06052 USA
CHAIR	PAUL LISTRO	385 W. CENTER ST MANCHESTER, CT 06040 USA
DIRECTOR	KATE EMERY	20 WATERSIDE DR FARMINGTON, CT 06032 USA
DIRECTOR	MOLLY REES GAVIN	43 ENTERPRISE DRIVE BRISTOL, CT 06010 USA
DIRECTOR	JILL HEIDEL	61 KINGSWOOD DRIVE BETHEL, CT 06801 USA
DIRECTOR	KATHY MON	25 SHENIPSIT LAKE RD TOLLAND, CT 06084 USA
DIRECTOR	ANN OLSON	38 SPENCER BROOK RD NEW HARTFORD, CT 06057 USA
DIRECTOR	FRANCES PADILLA	290 PRATT STREET MERIDEN, CT 06320 USA
DIRECTOR	STEVEN WOLFSON	2 DEVINE STREET NORTH HAVEN, CT 06473 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

3960 POST ROAD LLC 3970 POST ROAD WARWICK , RI 02886

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

Signed this 12 Day of September, 2014 at 2:09:33 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 TOMOTHY ELWELL
Signature of Authorized Person

Form No. 631
Revised 09/07

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