



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000046181

2. Name of Corporation Health Management Initiatives, Inc.

3. Street Address Principal Business Office:

No. and Street: 363 HIGHLAND AVENUE

City or Town: FALL RIVER

State: MA

Zip: 02720

Country: USA

4. Business Phone No.

508-961-5037

5. State of Incorporation

State: MA

6. Brief Description of the Character of Business Conducted in Rhode Island

TO MANAGE AND PROVIDE SERVICES TO VARIOUS TYPES OF HEALTHCARE PROVIDERS

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	KEITH HOVAN	316 MARYS POND ROAD ROCHESTER, MA 02770 USA
TREASURER	KRISTOFER LINDEMAN	8 WOODSIDE AVENUE BUZZARDS BAY, MA 02532 USA
SECRETARY	PETER BULLARD	47 ROCK ODUNDEE ROAD SOUTH DARTMOUTH, MA 02748 USA
ASSISTANT CLERK	LINDA BODENMANN	16 PRINCE SNOW CIRCLE MATTAPOISETT, MA 02739 USA

DIRECTOR	KEITH HOVAN	316 MARYPOND ROAD ROCHESTER, MA 02770 USA
DIRECTOR	MAUREEN SYLVIA ARMSTRONG	131 ELM STREET DARTMOUTH, MA 02748 USA
DIRECTOR	LOUIS CABRAL	304 CHURCH POND DRIVE TIVERTON, RI 02878 USA
DIRECTOR	JAMES JEROME COOGAN	16 ANAWAN ROAD MATTAPOISETT, MA 02739 USA
DIRECTOR	PETER BULLARD ESQ.	47 ROCK ODUNDEE ROAD SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	CARL RIBEIRO	80 OLDE KNOLL ROAD MARION, MA 02738 USA
DIRECTOR	CARL TABER	8 OAKLAND STREET MATTAPOISETT, MA 02739 USA
DIRECTOR	JEAN MACCORMACK	6 WILD PEPPER LANE SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	PAMELA MCNAMARA	19 MEADOW SHORE ROAD SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	ROBERT TRIPP D.O.	3 HOLLY WOODS ROAD MATTAPOISETT, MA 02739 USA
DIRECTOR	M. WAJID BAIG M.D.	20 GREAT ROAD BARRINGTON, RI 02806 USA
DIRECTOR	ELIZABETH KUNZ ESQ.	454 WATER STREET MATTAPOISETT, MA 02739 USA
DIRECTOR	CHRISTOPHER P. CHENEY M.D.	6 SPINNAKER LANE SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	JASON RUA	24 KYLE JACOB ROAD NORTH DARTMOUTH, MA 02747 USA
DIRECTOR	BRIAN BALSIS M.D,	165 NORTH STREET MATTAPOISETT, MA 02739 USA
DIRECTOR	JOSEPH CIFFOLILLO	ONE PINE RIDGE LANE MATTAPOISETT, MA 02739 USA
DIRECTOR	R. WILLIAM BLASDALE	2 CHANNING ROAD MATTAPOISETT, MA 02739 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	300,000.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 15 Day of September, 2014 at 3:53:34 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 § 7-1.2.*

By KEITH A. HOVAN
Signature of Authorized Representative of the Corporation

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. 630
Revised 09/07

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