



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.** 000138096

**2. Name of Corporation** Association for Healthcare Human Resources Administration of Rhode Island

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 593 EDDY STREET

City or Town: PROVIDENCE State: RI Zip: 02903 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**

SUPPORT COMMUNITY DEVELOPMENT OF EFFECTIVE HUMAN RESOURCE  
PROFESSIONALS IN THE HEALTHCARE INDUSTRY

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	DOUG MACNEIL	593 EDDY STREET PROVIDENCE, RI 02903 USA
TREASURER	MEGHAN LABRANCHE	BLACKSTON HOUSE, 360 DUNCAN DR PROVIDENCE, RI 02905 USA

SECRETARY	LISA MANSO	C/O KENT HOSPITAL 455 TOLL GATE ROAD, RI 02886 USA
PRESIDENT-ELECT	LYNN F FLYNN SPHR	17 VIRGINIA AVENUE, STE 107 PROVIDENCE, RI 02905 USA
PAST PRESIDENT	GAIL GOSSELIN	C/L LANDMARK MEDICAL CENTER, 115 CASS AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	ANDREA MANSMANN	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	KIMBERLY WHITTAKER	200 HIGH SERVICE AVENUE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	GAIL GOSSELIN	LANDMARK MEDICAL CENTER, 115 CASS AVE WOONSOCKET, RI 02895 USA
DIRECTOR	LYNN F FLYNN	17 VIRGINIA AVE, STE 107 PROVIDENCE, RI 02905 USA
DIRECTOR	LISA MANSO	C/O KENT HOSPITAL, 455 TOLL GATE ROAD WARWICK, RI 02886 USA
DIRECTOR	MEGHAN LABRANCHE	BLACKSTONE HOUSE, 360 DUNCAN DR PROVIDENCE, RI 02906 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**

SHERYL D. HANLEY, ESQ. EDWARDS WILDMAN PALMER LLP 2800 FINANCIAL PLAZA  
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 9 Day of January, 2015 at 3:48:47 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 DOUG MACNEIL, PRESIDENT  
Signature of Authorized Person

Form No. 631  
Revised 09/07