



**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: 2015

1. Corporate ID No. 000102746

2. Name of Corporation The Rhode Island Free Clinic, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 655 BROAD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

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

OFFERING HIGH QUALITY PHYSICIAN PRIMARY CARE AND PREVENTATIVE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DO NOT HAVE HEALTH INSURANCE OR CANNOT AFFORD TO PURCHASE SUCH SERVICES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MARK GIM	23 BROAD STREET WESTERLY, RI 02891 USA
VICE PRESIDENT	JEFFREY F. CHASE-LUBITZ	10 WEYBOSSETT STREET

		PROVIDENCE, RI 02903 USA
DIRECTOR	DOMENIC DELMONICO	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	JERRY FINGERUT MD.	HAZARD BUILDING, 74 WEST ROAD, SECOND FLOOR CRANSTON, RI 02920 USA
DIRECTOR	MARK GIM	23 BROAD STREET WESTERLY, RI 02891 USA
DIRECTOR	JEFFREY F. CHASE-LUBITZ	10 WEYBOSSETT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	NANCY GAGLIANO MD	ONE CVS WAY WOONSOCKET, RI 02895 USA
DIRECTOR	ANDREW W. DAVIS	101 DYER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JUDY DIAZ	LIFESPAN COMMUNITY HEALTH INSTITUTE, 167 POINT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM FITZGERALD	AMICA MUTUAL INSURANCE COMPANY, 100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	REV. J. ALLEN WILLIAMS D. MIN MPA	CATHEDRAL OF LIFE CHRISTIAN ASSEMBLY, 433 ELMWOOD AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	GEORGE GREER	NAVIGATOR INVESTMENTS, 10 WEYBOSSETT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MARIE GHAZAL	RHODE ISLAND FREE CLINIC, 655 BROAD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	CAROLINE TROISE MD	ANCHOR MECICAL ASSOCIATES, ONE HOPPIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MARK WAGGONER	BLUE CROSS & BLUE SHIELD OF RI, 500 EXCHANGE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	DAYLE JOSEPH ED.D, RN	UNIVERSITY OF RHODE ISLAND, WHITE HALL KINGSTON, RI 02881 USA
DIRECTOR	VALERIE M. LITTLEFIELD	AIPSO, 302 CENTRAL AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	HERBERT RAKATANSKY MD, FACG	WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY PROVIDENCE, RI 02903 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**

ANDREW W. DAVIS, ESQ. 101 DYER STREET 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 21 Day of May, 2015 at 1:58:34 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 MARK GIM
Signature of Authorized Person

Form No. 631
Revised 09/07

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