



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. 000086707

2. Name of Corporation Healthcentric Advisors, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 235 PROMENADE STREET, SUITE 500

City or Town: PROVIDENCE

State: RI Zip: 02908 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

PROMOTION OF EXCELLENCE IN HEALTHCARE AND COST-EFFECTIVE
MANAGEMENT OF HEALTHCARE DELIVERY SYSTEMS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | H. JOHN KEIMIG MHA, FACHE | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA |
| TREASURER | CLAIRE M. IACOBUCCI, CPA | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA |

| | | |
|----------|-----------------------------|---|
| DIRECTOR | STEPHEN J. KOGUT PH.D, MBA, | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA |
| DIRECTOR | THOMAS J. IZZO | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA |
| DIRECTOR | DEBORAH A. SMITH | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, , RI 02908 USA |
| DIRECTOR | PAUL F. MCKENNEY, M.D. | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA |
| DIRECTOR | NEAL J. GALINKO M.D., MS | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA |
| DIRECTOR | STEPHEN D. ZUBIAGO, ESQ. | 235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA |
| DIRECTOR | DIANA M. FRANCHITTO | 235 PROMENADE STREET, SUITE 500 PROVIDENCE,, RI 02908 USA |
| DIRECTOR | ROBERT S. CRAUSMAN, M.D. | 235 PROMENADE STREET, SUITE 500 PROVIDENCE,, RI 02908 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

JEFFREY F. CHASE-LUBITZ DONOGHUE BARRET & SINGAL, PC ONE CEDAR STREET, SUITE 300
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 2:45:34 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 H. JOHN KEIMIG, PRESIDENT & CEO
Signature of Authorized Person

Form No. 631
Revised 09/07