



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: 2016

1. Corporate ID No. 000940985

2. Name of Corporation AmeriHealth Caritas Partnership

3. State of Incorporation

State: PA

4. Corporate Address in Rhode Island

No. and Street: 7 EVA LANE

City or Town: CRANSTON

State: RI

Zip: 02921

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

PROMOTE AND ADVANCE HEALTH EQUITY FOR ALL BY CONDUCTING HEALTH PROMOTION AND PREVENTION PROGRAMS THAT ADDRESS PREVALENCE OF DISEASE IN VULNERABLE AND UNDERSERVED POPULATIONS.

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	CHRISTOPHER DRUMM	200 STEVENS DR PHILADELPHIA, PA 19113 USA
TREASURER	STEVE BOHNER	200 STEVENS DR PHILADELPHIA, PA 19113 USA
SECRETARY	MARIA PAJIL BATTLE	200 STEVENS DR PHILADELPHIA, PA 19113 USA

VICE CHAIR OF THE BOARD	RENEE YANN	200 STEVENS DR PHILADELPHIA, PA 19113 USA
DIRECTOR	ANDREA GELZER	200 STEVENS DR PHILADELPHIA, PA 19113 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

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET, SUITE 700 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 17 Day of May, 2016 at 11:23:44 AM 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 CHRISTOPHER DRUMM
Signature of Authorized Person

Form No. 631
Revised 09/07

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