



**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: 2016

1. Corporate ID No. 000096407

2. Name of Corporation CareLink, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 225 CHAPMAN STREET

City or Town: PROVIDENCE

State: RI Zip: 02905 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

INTEGRATING AND CONSOLIDATING CERTAIN NON-PATIENT CARE FUNCTIONS CURRENTLY UNDERTAKEN BY THE MEMBERS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 | JULIE RICHARD | 100 BORDEN STREET PROVIDENCE , RI 02903 USA |
| VICE PRESIDENT | MARY BETH DAIGNEAULT | 309 SPRING STREET NEWPORT , RI 02840 USA |

| | | |
|----------|---------------------|--|
| DIRECTOR | MAUREEN BISCHOFF | 1085 NORTH MAIN STREET PROVIDENCE , RI 02904 USA |
| DIRECTOR | JOSEPH CICIONE | 725 BRANCH AVENUE PROVIDENCE , RI 02904 USA |
| DIRECTOR | KELLY LEE | 225 CHAPMAN STREET PROVIDENCE , RI 02905 USA |
| DIRECTOR | KEVIN MCKAY | 500 WATERFRONT DRIVE EAST PROVIDENCE , RI 02914 USA |
| DIRECTOR | LAURIE ANN OLIVEIRA | 5 SAINT ELIZABETH WAY EAST GREENWICH , RI 02818 USA |
| DIRECTOR | CANDY SHARKEY | 1104 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA |
| DIRECTOR | DIANNE BOURGET | 100 BORDEN STREET PROVIDENCE , RI 02903 USA |
| DIRECTOR | STEVEN HOROWITZ | 1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA |
| DIRECTOR | ROBERTA MERKLE | 1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA |
| DIRECTOR | WENDY FARGNOLI | 400 MENDON ROAD NORTH SMITHFIELD , RI 02896 USA |
| DIRECTOR | MARK LOISELLE | 1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA |
| DIRECTOR | SUSAN BAZAR | 100 NIAN TIC AVENUE CRANSTON , RI 02910 USA |
| DIRECTOR | DIANA FRANCHITTO | 1085 NORTH MAIN STREET 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**

JOAN KWIATKOWSKI 225 CHAPMAN STREET PROVIDENCE , RI 02905

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of May, 2016 at 2:06:17 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 JULIE RICHARD
Signature of Authorized Person

Form No. 631
Revised 09/07