RI SOS Filing Number: 201600724640 Date: 06/15/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000791699	**The Rhode Island Hospice Veterans Partnership**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Devoted to improving end of life care for veterans within the State.**

5. Principal Office Address	City	State	Zip
97 Cottage St.	**Pawtucket**	**RI**	**02860**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Christine Lachapelle-Miller**			Vice-President Name **Ashley Toste**		
Street Address **97 Cottage St.**			Street Address **30 Merrill St.**		
City **Pawtucket**	State **RI**	Zip **02860**	City **East Providence**	State **RI**	Zip **02914**
Secretary Name **Jennifer Rowlett**			Treasurer Name **Nicholas Pacheco**		
Street Address **164 Suffolk Drive**			Street Address **1985 Mendon Rd. Suite 2**		
City **North Kingstown**	State **RI**	Zip **02852**	City **Cumberland**	State **RI**	Zip **02864**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Michelle August**			Director Name **Susan Cesaro**		
Street Address **70 Wampanoag Trail**			Street Address **192 Laurel Ridge Lane**		
City **02915**	State **RI**	Zip **02915**	City **North Kingstown**	State **RI**	Zip **02852**
Director Name **George Farrell**			Director Name **Ulysses McAlpine**		
Street Address **25 Fairbanks St.**			Street Address **1 Catamore Boulevard**		
City **Providence**	State **RI**	Zip **02908**	City **East Providence**	State **RI**	Zip **02914**

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Name of Officer/Authorized Representative	Date
Christine A. Lachapelle-Miller	**June 15, 2016**

Signature of Officer/Authorized Representative: Christine A. Lachapelle-Miller SIGN DOCUMENT HERE

FILED
JUN 15 2016
BY CM276737

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016