



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
138294		Health Leads, Inc.	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
MA		OPERATION OF AN OFFICE IN CONJUNCTION WITH RHODE ISLAND HOSPITAL	
5. Principal Office Address		City	State
24 School Street, 6th Floor		Boston	MA
		Zip	02108
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rebecca Onie Milder		Vice-President Name Susan Donahue	
Street Address 24 School Street, 6th Floor		Street Address 24 School Street, 6th Floor	
City Boston	State MA	Zip 02108	City Boston
			State MA
			Zip 02108
Secretary Name Michael Blau		Treasurer Name Sarah Lukas	
Street Address 24 School Street, 6th Floor		Street Address 24 School Street, 6th Floor	
City Boston	State MA	Zip 02108	City Boston
			State MA
			Zip 02108
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Susan Donahue		Director Name Gary Cohen	
Street Address 24 School Street, 6th Floor		Street Address 24 School Street, 6th Floor	
City Boston	State MA	Zip 02108	City Boston
			State MA
			Zip 02108
Director Name Laura Samberg		Director Name John Mandile	
Street Address 24 School Street, 6th Floor		Street Address 24 School Street, 6th Floor	
City Boston	State MA	Zip 02108	City Boston
			State MA
			Zip 02108
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
Sarah Lukas - Treasurer			7/13/2016
Signature of Officer/Authorized Representative			
			SIGN DOCUMENT HERE

FILED
JUL 13 2016 10552
BY

IO 138294

**Health Leads, Inc.
Board of Directors Listing
Attachment to Rhode Island Annual Report**

Board of Directors (Cont.)

Asaf Bitton
Larry Cohen
Arthur A. Gianelli
Eliza Greenberg
George A. Jackoboice, Jr.
Judith Kurland
Thomas H. Lee, MD

All of the following can be reached at:

24 School Street, 6th Floor
Boston, MA 02108