



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. 000027061

2. Name of Corporation Fellowship Health Resources, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 25 BLACKSTONE VALLEY PLACE, SUITE 300

City or Town: LINCOLN

State: RI Zip: 02865 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

THE OPERATION OF GROUP HOMES AND OTHER PROGRAMS FOR THE MENTALLY DISABLED.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DEBRA M PAUL	14 JASONS GRANT DRIVE CUMBERLAND, RI 02864 USA
TREASURER	ROBERT COLUCCI	25 FACTORY POND CIRCLE GREENVILLE, RI 02828 USA

CHAIRPERSON	ALAN WICHLEI	42 GREENWOOD ST LEXINGTON, MA 02421 USA
CHAIR ELECT	NEAL BROWN	1511 WEST KERSEY LANE ROCKVILLE, MD 20854 USA
DIRECTOR	WILLIAM EMMET	1755 PARK ROAD WASHINGTON , DC 20010 USA
DIRECTOR	MICHELA COFFARO	608 UNION ST MILTON, DE 19968 USA
DIRECTOR	RENATA HENRY	2406 CREEKSIDE DRIVE NEWARK, DE 19711 USA
DIRECTOR	PIERRE LAPERRIERE	57 LAUREL ROAD EXETER, RI 02822 USA
DIRECTOR	KELLY MCGEE	45 LAFAYETTE ST PAWTUCKET, RI 02860 USA
DIRECTOR	JEFFREY MCLLOUD	1609 DUPREE ST KINSTON, NC 28504 USA
DIRECTOR	JENNIFER MEADE	95 WAITE AVENUE CRANSTON, RI 02905 USA
DIRECTOR	DAVID NIKITAS	10 BOXFORD ROAD UNIT 25 ROWLEY, MA 01969 USA
DIRECTOR	MICHAEL OWEN	616 BEECH TREE COURT CHAPEL HILL, NC 27515 USA
DIRECTOR	RUSSELL SYLVIA	12 VIOLA TERRACE SUTTON, MA 01390 USA
DIRECTOR	COLIN MURPHY	28 BELAIR AVENUE 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**

JOSEPH DZIOBEK 25 BLACKSTONE VALLEY PLACE, SUITE 300 LINCOLN , RI 02865

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

Signed this 7 Day of September, 2016 at 12:01:10 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 KAREN LEBLANC
Signature of Authorized Person

Form No. 631
Revised 09/07