



**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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 AUG 24 AM 10:00

**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			
89957		Rhode Island Public Health Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Nonprofit health care educational organization			
5. Principal Office Address			City	State	Zip
PO Box 6215			Warwick	RI	02887
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Kara Butler					
Street Address			Street Address		
235 Promenade St.					
City	State	Zip	City	State	Zip
Providence	RI	02908			
Secretary Name			Treasurer Name		
Robert Marshall			Alison Croke		
Street Address			Street Address		
Brown University, 121 Main St.			48 Andre Ave		
City	State	Zip	City	State	Zip
Providence	RI	02912	Wakefield	RI	02879
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Alison Croke			<del>Robert Marshall</del> Patti Risica		
Street Address			Street Address		
48 Andre Ave			Brown University, ICHP, Box G-S121-8		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	Providence	RI	02908
Director Name			Director Name		
Sharon Kernen			Sidra Scharff		
Street Address			Street Address		
EOHHS, 74 West Rd.			99 President Ave.		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Providence	RI	02906
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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	
Alison L Croke				9/13/16	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

**FILED**

SEP 08 2016

BY 115-109 DS