



**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:** 2017

**1. Corporate ID No.** 000115764

**2. Name of Corporation** HealthTouch, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 51 HEALTH LANE  
City or Town: WARWICK State: RI Zip: 02886 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**

TO PROVIDE HOME HEALTH SERVICES, PUBLIC HEALTH NURSING SERVICES AND OTHER RELATED HEALTH SERVICES

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	DOUGLAS JACOBS	1141 NORTH MAIN ROAD JAMESTOWN, RI 02835 USA
SECRETARY	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
VICE-CHAIRPERSON	GARY E. FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
VICE-CHAIRPERSON	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
ASSISTANT SECRETARY	ALYSSA BOSS	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
ASSISTANT TREASURER	JOSEPH IANNONI	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
CHAIRPERSON	CHARLES REPPUCCI	50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	SHARON CONARD- WELLS	85 MAJESTIC AVENUE WARWICK, RI 02888 USA
DIRECTOR	GARY FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	WILLIAM KAPOS	401 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	CYNTHIA PATTERSON	33 KEENE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ALLEN H. CICCHITELLI	46 SEAVIEW AVENUE JAMESTOWN, RI 02835 USA
DIRECTOR	DENNIS KEEFE	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	DIANE LIPSCOMBE PHD	6 WATSON AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	JOHN GALVIN	82 JEFFREY DRIVE NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	KENT GLADDING	10 JAY COURT CRANSTON, RI 02921 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA
DIRECTOR	CHARLES REPPUCCI	50 KENNEDY PLAZA, SUITE 1500 PROVIDENCE, RI 02903 USA
DIRECTOR	GEORGE SHUSTER	44 ROBIN VALE DRIVE NORTH SCITUATE, RI 02857 USA
DIRECTOR	PATRICK J. MURRAY, JR.	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	JASON B. BOUDJOUK, MD	1 ASHLEY DRIVE LINCOLN, RI 02865 USA
DIRECTOR	JOSEPH J. MCGAIR, ESQ.	92 SANDY LANE WARWICK, RI 02889 USA
DIRECTOR	MARIO BUENO	98 FLETCHER AVENUE CRANSTON, RI 02920 USA
DIRECTOR	DOUGLAS JACOBS	1141 NORTH MAIN ROAD

		JAMESTOWN, RI 02835 USA
DIRECTOR	LOUIS MARINO, JR., MD	83 STATE STREET BRISTOL, RI 02809 USA
DIRECTOR	ROBERT G. FLANDERS, JR.	45 BOW STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	LISA BOYLE, MD	199 ANGELL ROAD LINCOLN, RI 02865 USA
DIRECTOR	ESTHER EMARD, RN, MSN, MS	667 ROUTE 100 STOCKBRIDGE, VT 05772 USA
DIRECTOR	EMILY HARRISON, MD	15 ORIOLE STREET RUMFORD, RI 02916 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**

KATHLEEN PEIRCE 51 HEALTH LANE WARWICK , RI 02886

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

**Signed this 18 Day of May, 2017 at 11:03:50 AM 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 ALYSSA BOSS, ASSISTANT SECRETARY  
Signature of Authorized Person

Form No. 631  
Revised 09/07