



**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.** 000096446

**2. Name of Corporation** WB Community Health

**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   
813212

**4. Corporate Address in Rhode Island**

No. and Street: 30 KENNEDY PLAZA  
SUITE 402

City or Town: PROVIDENCE State: RI Zip: 02903 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 MANAGE AND OPERATE THAT CERTAIN HEALTH BENEFITS PROJECT ENTERED INTO BY AND AMONG THE NON-PROFIT CORPORATION.

**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**Incorporator is no longer applicable; please delete**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	KAREN HAGAN	25 FIFTH AVE NARRAGANSETT, RI 02882 USA
VICE PRESIDENT	BRIDGET ALMON	91 ANAN WADE RD N. SCITUATE, RI 02888 USA
PRESIDENT	ROBERT V. ROSS	940 NOOSENECK HILL ROAD WEST GREENWICH, RI 02817 USA
DIRECTOR	GAIL WILCOX	111 PIERCE STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	KATHY RAPOSA	283 COUNTY RD BARRINGTON, RI 02806 USA
DIRECTOR	RON TARRO	283 COUNTY RD BARRINGTON, RI 02806 USA
DIRECTOR	KELLI RUSS MS	181 HOWARD HILL RD FOSTER, RI 02825 USA
DIRECTOR	DIANE BRENNAN	PO BOX D CHEPACHET, RI 02814 USA
DIRECTOR	JOSEPH BALDUCCI	845 PARK AVENUE CRANSTON, RI 02910 USA
DIRECTOR	KAREN BEATTIE	195 DANIELSON PIKE NORTH SCITUATE, RI 02857 USA
DIRECTOR	CRAIG LEVIS	1675 FLAT RIVER ROAD COVENTRY, RI 02816 USA
DIRECTOR	JOSHUA PUTMAN	45 BROAD STREET WESTERLY, RI 02891 USA
DIRECTOR	SUE ROGERS	455A SWITCH RIVER RD WOOD RIVER JUNCTION, RI 02894 USA
DIRECTOR	KIMBERLY SIHAVONG	23 HIGHLAND AVE WESTERLY, RI 02891 USA
DIRECTOR	LAWRENCE FILIPPELLI	197 DANIELSON PIKE N. SCITUATE, RI 02857 USA
DIRECTOR	KATHERINE DUNCANSON	34 WARWICK LAKE AVE WARWICK, RI 02889 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**

DANIEL K. KINDER 100 WESTMINSTER STREET, SUITE 710 PROVIDENCE , RI 02903

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

**Signed this 1 Day of June, 2017 at 9:05:13 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 SARAH E. MANGIARELLI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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