



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.** 000184486

**2. Name of Corporation** Clinica Esperanza/Hope Clinic

**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  621

**4. Corporate Address in Rhode Island**

No. and Street: 60 VALLEY STREET, SUITE 104

City or Town: PROVIDENCE

State: RI Zip: 02909 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**

OFFERING HIGH QUALITY PHYSICIAN PRIMARY CARE AND PREVENTIVE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DO NOT HAVE HEALTH INSURANCE AND CANNOT AFFORD TO PURCHASE SUCH 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	KAREN KENT	25 EVERETT AVE PROVIDENCE, RI 02906 USA
SECRETARY	ELLEN LYNCH	40 WEB AVE #15 NORTH KINGSTOWN , RI 02852 USA
DIRECTOR	ED QUINLAN	20 RIVER RUN GREENWICH, RI 02818 USA
DIRECTOR	GARRET JOHNSON	12 PRINCE ST CAMBRIDGE, MA 02139 USA
DIRECTOR	DEBORAH OBALIL	150 GROVE STREET LINCOLN, RI 02865 USA
DIRECTOR	JENNIFER CRITCHER	71 SWEET STREET WARWICK, RI 02889 USA
DIRECTOR	ISAAC SAUL LOPEZ	18 UNIVERSITY AVE PROVIDENCE, RI 02906 USA
DIRECTOR	ALLAN TUNKEL MD	40 TAMARACK DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	BOBBY RODRIGUEZ	500 EXCHANGE STREET PROVIDENCE, RI 02903 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**

ANNE DEGROOT, M.D. 292 MORRIS AVENUE PROVIDENCE , RI 02908

**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 June, 2017 at 4:32:30 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 ANNE DEGROOT  
Signature of Authorized Person

Form No. 631  
Revised 09/07