



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**

**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

|  |                 |  |                           |                    |                     |
|--|-----------------|--|---------------------------|--------------------|---------------------|
| 1. Entity ID Number<br><b>103804</b>   |                 | 2. Exact name of the Corporation<br><b>Occupational and Environmental Health Center of Rhode Island, Inc.</b>  |                           |                    |                     |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To establish clinical health centers for workers and employers</b> |                           |                    |                     |
| 4. NAICS Code<br><b>621999</b>   |                 |  |                           |                    |                     |
| 6. Principal Office Address<br><b>226 South Main Street</b>  |                 |  | City<br><b>Providence</b> | State<br><b>RI</b> | Zip<br><b>02903</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |                           |                    |                     |
| President Name <b>Jim Riley</b>  |                 | Vice-President Name <b>Michael F. Sabitoni</b>   |                           |                    |                     |
| Street Address <b>278 Silver Spring Street</b>   |                 | Street Address <b>410 South Main Street</b>  |                           |                    |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02904</b>   | City <b>Providence</b>    | State <b>RI</b>    | Zip <b>02903</b>    |
| Secretary Name <b>Jim Celenza</b>  |                 | Treasurer Name <b>George Nee</b>   |                           |                    |                     |
| Street Address <b>741 Westminster Street</b>   |                 | Street Address <b>194 Smith Street</b>   |                           |                    |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02903</b>   | City <b>Providence,</b>   | State <b>RI</b>    | Zip <b>02908</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |                           |                    |                     |
| Director Name <b>Andrea Gomez</b>  |                 | Director Name <b>Michael F. Sabitoni</b>   |                           |                    |                     |
| Street Address <b>99 Bald Hill Road</b>  |                 | Street Address <b>410 South Main Street</b>  |                           |                    |                     |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02920</b>   | City <b>Providence</b>    | State <b>RI</b>    | Zip <b>02903</b>    |
| Director Name <b>Roy Coulomb</b>   |                 | Director Name  |                           |                    |                     |
| Street Address <b>37845 Waterman Avenue</b>  |                 | Street Address   |                           |                    |                     |
| City <b>E. Providence</b>  | State <b>RI</b> | Zip <b>02914</b>   | City                      | State              | Zip                 |
| 9. 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<br><b>James Riley / PRESIDENT</b>  |                 | <b>FILED</b> Date<br><b>JUN 09 2017</b><br>BY <b>24324</b>   |                           |                    |                     |
| Signature of Officer/Authorized Representative<br><i>James Riley</i>   |                 |  |                           |                    |                     |

MAIL TO:  
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