



**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. 000085059

2. Name of Corporation National Hospice Work Group, 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: C/O DONOGHUE, BARRETT & SINGAL, P.C.
ONE CEDAR STREET, SUITE 300

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 ADVANCE THE PRACTICE OF HOSPICE AND PALLIATIVE CARE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TOM KOUTSOUMPAS	1299 PENNSYLVANIA AVENUE, NW, STE 1175 WASHINGTON, DC 20004 USA
TREASURER	DIANA FRANCHITTO, MBA	HOPEHEALTH, 1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ELEANOR CANNING	MJHS HOSPICE AND PALLIATIVE CARE, 39 BROADWAY RM 200 NEW YORK, NY 10006 USA
DIRECTOR	CHUCK LEE	CORNERSTONE HEALTH, 2445 LANE PARK ROAD TAVARES, FL 32778 USA
SECRETARY	SAMIRA BECKWITH, LCSW, FACHE	HOPE HEALTHCARE SERVICES, 9470 HEALTH PARK CIRCLE FORT MYERS, FL 33908 USA
DIRECTOR	SAMIRA BECKWITH LCSW FACHE	HOPE HEALTHCARE SERVICES, 9470 HEALTH PARK CIRCLE FORT MYERS, FL 33908 USA
DIRECTOR	MALENE DAVIS MSN CHPN	CAPITAL CARING, 2900 TELESTAR CT. FALLS CHURCH, VA 22042 USA
DIRECTOR	PATTI MOORE RN MSN	THE WATERSHED GROUP, 5745 SW 75TH STREET, #323 GAINESVILLE, FL 32608 USA
DIRECTOR	CHRISTY WHITNEY RN MSN	HOPEWEST, 3090 NORTH 12TH STREET, UNIT B GRAND JUNCTION, CO 81506 USA
DIRECTOR	TOM KOUTSOUMPAS	1299 PENNSYLVANIA AVENUE, NW, STE 1175 WASHINGTON, DC 20004 USA
DIRECTOR	BILL FINN MBA	HOSPICE OF THE WESTERN RESERVE, 17876 ST. CLAIR AVENUE CLEVELAND, OH 44110 USA
DIRECTOR	DIANA FRANCHITTO, MBA	HOPEHEALTH, 1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PHILLIP L. MARSHALL, BBA, MBA	HOSPARUS HEALTH, 6200 DUTCHMANS LANE, STE 204 1000 BLDG LOUISVILLE, KY 40205 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**

JEFFREY F. CHASE-LUBITZ, ESQ. DONOGHUE, BARRETT & SINGAL, P.C. ONE CEDAR STREET,
SUITE 300 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 21 Day of June, 2017 at 12:26:30 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 /S/ TOM KOUTSOUMPAS
Signature of Authorized Person

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