



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. 000114549

2. Name of Corporation Neighborhood Health Plan of Rhode Island

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

6

6324

4. Corporate Address in Rhode Island

No. and Street: 910 DOUGLAS PIKE

City or Town: SMITHFIELD

State: RI

Zip: 02917

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

HEALTH MAINTENANCE ORGANIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT | PETER MARINO | 24 CATALPA WAY COVENTRY, RI 02816 USA |
| TREASURER | PETER WALSH | 44 WASHINGTON STREET PROVIDENCE, RI 02903 USA |
| SECRETARY | BRENDA DOWLATSHAHI | 1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA |
| VICE CHAIR | JANE HAYWARD | 235 PROMENADE STREET - SUITE 104 PROVIDENCE, RI 02908 USA |
| CHAIR | PETER BANCROFT | 36 BRIDGE WAY PASCOAG, RI 02859 USA |
| DIRECTOR | JEANNE LACHANCE | 5 TIMBER LANE EXETER, RI 02822 USA |
| DIRECTOR | JANE HAYWARD | 235 PROMENADE STREET PROVIDENCE, RI 02908 USA |
| DIRECTOR | MERRILL THOMAS | 375 ALLENS AVENUE PROVIDENCE, RI 02905 USA |
| DIRECTOR | DENNIS ROY | 100 BULLOCKS POINT AVENUE RIVERSIDE, RI 02905 USA |
| DIRECTOR | RAYMOND LAVOIE | 39 EAST AVENUE PAWTUCKET, RI 02860 USA |
| DIRECTOR | MICHAEL LICHTENSTEIN | 823 MAIN STREET HOPE VALLEY, RI 02832 USA |
| DIRECTOR | PABLO RODRIGUEZ M.D. | 407 EAST AVE-STE 150 PAWTUCKET, RI 02860 USA |
| DIRECTOR | PETER WALSH | 44 WASHINGTON STREET PROVIDENCE, RI 02903 USA |
| DIRECTOR | PETER MARINO | 24 CATALPA WAY COVENTRY , RI 02186 USA |
| DIRECTOR | PATRICIA MARTINEZ | 142 OAKLAND AVENUE DARLINGTON, RI 02861 USA |
| DIRECTOR | DORIS DE LOS SANTOS | 61 DEWEY STREET PROVIDENCE, RI 02909 USA |
| DIRECTOR | PETER BANCROFT | 36 BRIDGEWAY PASCOAG, RI 02859 USA |
| DIRECTOR | CHRISTOPHER LITTLE | 72 PINE STREET PROVIDENCE, RI 02903 USA |
| DIRECTOR | WILLIAM HOCHSTRASSER-WALSH | 311 DORIC AVENUE CRANSTON, RI 02910 USA |
| DIRECTOR | BRENDA DOWLATSHAHI | 1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA |
| DIRECTOR | RICHARD BESDINE M.D. | 121 SOUTH MAIN STREET PROVIDENCE, RI 02912 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

DON E. WINEBERG, ESQ. ONE PARK ROW, 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 2:37:32 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 PETER MARINO
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved