



**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.** 000086707

**2. Name of Corporation** Healthcentric Advisors, 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

6

54161

**4. Corporate Address in Rhode Island**

No. and Street: 235 PROMENADE STREET, SUITE 500

City or Town: PROVIDENCE

State: RI Zip: 02908 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**

PROMOTION OF EXCELLENCE IN HEALTHCARE AND COST-EFFECTIVE  
MANAGEMENT OF HEALTHCARE DELIVERY SYSTEMS.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT    | H. JOHN KEIMIG MHA, FACHE                             | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| TREASURER    | CLAIRE M. IACOBUCCI, CPA                              | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| SECRETARY    | DIANA FRANCHITTO                                      | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | STEPHEN J. KOGUT PH.D, MBA,                           | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | DONNA HUNTLEY-NEWBY, PHD.,<br>RN                      | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | PAULA A. PARKER                                       | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | PAUL F. MCKENNEY, M.D.                                | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | NEAL J. GALINKO M.D., MS                              | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | STEPHEN D. ZUBIAGO, ESQ.                              | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | ROBERT S. CRAUSMAN, M.D.                              | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE,, RI 02908 USA      |
| DIRECTOR     | MATT TRIMBLE, CNHA                                    | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 USA       |
| DIRECTOR     | THOMAS J. IZZO, BOARD CHAIR                           | 235 PROMENADE STREET, SUITE 500<br>PROVIDENCE, RI 02908 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 27 Day of June, 2017 at 3:31:43 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/ H. JOHN KEIMIG, MHA, FACHE  
Signature of Authorized Person

