



**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

**Foreign Non-Profit  
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.** 000104323

**2. Name of Corporation** Connecticut Peer Review Organization, Inc.

**3. State of Incorporation**

State: CT

**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   
813920

**4. Corporate Address in Rhode Island**

No. and Street: C/O 3960 POST ROAD LLC  
3970 POST RD

City or Town: WARWICK State: RI Zip: 02886 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: C/O TIMOTHY ELWELL  
936 SILAS DEAN HIGHWAY, SUITE 1A

City or Town: WETHERSFIELD State: CT Zip: 06109 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OFFER REVIEW AND EVALUATION SERVICES FOR THE HEALTH CARE DELIVERY SYSTEM

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY ELWELL	1290 SILAS DEANE HIGHWAY SUITE 4A WETHERSFIELD, CT 06109 USA
TREASURER	FRANCES PADILLA	290 PRATT STREET MERIDEN, CT 06450 USA
SECRETARY	KURT BARWIS	41 BREWSTER RD BRISTOL, CT 06010 USA
VICE PRESIDENT	LISA CONNOLLY	975 CORBIN AVENUE NEW BRIRAIN, CT 06052 USA
CHAIR	PAUL LISTRO	385 W. CENTER ST MANCHESTER, CT 06040 USA
DIRECTOR	MOLLY REES GAVIN	43 ENTERPRISE DRIVE BRISTOL, CT 06010 USA
DIRECTOR	STEVEN WOLFSON	2 DEVINE STREET NORTH HAVEN, CT 06473 USA
DIRECTOR	MICHELLE DEBARGE	20 CHURCH ST HARTFORD, CT 06103 USA
DIRECTOR	ALAN KLIGER	300 GVEORGE ST 4TH FLOOR #487 NEW HAVEN, CT 06519 USA
DIRECTOR	ANGELA MATTIE	400 MT. CARMEL AVENUE HAMDEN, CT 06516 USA
DIRECTOR	MAG MORELLI	110 BARNES ROAD WALLINGFORD, CT 06492 USA
DIRECTOR	ROLLIN SCHUSTER JR.	135 SOUTH ROAD FARMINGTON, CT 06032 USA
DIRECTOR	M. NATALIE ACHONG	26 MORGAN PLACE FARMINGTON, CT 06085 USA
DIRECTOR	KIM BEAUREGARD	281 MAIN ST EAST HARTFORD, CT 06118 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**

3960 POST ROAD LLC 3970 POST ROAD WARWICK , RI 02886

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2017 at 5:03:49 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 KRISTEN MCCLAIN  
Signature of Authorized Person

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