



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000941667

2. Exact Name of the Limited Liability Company INTEGRA COMMUNITY CARE NETWORK, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

ACCOUNTABLE CARE ORGANIZATION

5. Principal Office Address

No. and Street: 45 WILLARD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JAMES FANALE, MD Contact Title: CHIEF CLINICAL OFFICER

No. and Street: CARE NEW ENGLAND HEALTH SYSTEM

45 WILLARD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

| Title | Individual Name | Address |
|---------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | PAUL F. BARRATT MD | 100 KENYON STREET |

| | | |
|---------|------------------------------|---|
| | | WAKEFIELD, RI 02879 USA |
| MANAGER | CHRISTOPHER M. FUREY MD | 215 TOLL GATE ROAD, STE. 104 WARWICK, RI 02886 USA |
| MANAGER | MARTIN KERZER MD | 857 POST ROAD WARWICK, RI 02888 USA |
| MANAGER | MARK ROSENBERG MD | FAMILY HEALTH & SPORTS MEDICINE, 725 RESERVOIR AVENUE CRANSTON, RI 02910 USA |
| MANAGER | FADI MANSOURATI MD | 966 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904 USA |
| MANAGER | JOSEPH A. DIAZ MD | MEMORIAL HOSPITAL OF RHODE ISLAND, 111 BREWSTER STREET PAWTUCKET, RI 02860 USA |
| MANAGER | BRIAN KWETKOWSKI DO | 37 AUBURN AVENUE JOHNSTON, RI 02919 USA |
| MANAGER | RAY POWRIE MD | 101 DUDLEY STREET PROVIDENCE, RI 02905 USA |
| MANAGER | JOHN B. MURPHY ESQ | MORNEAU & MURPHY, 38 NORTH COURT STREET PROVIDENCE, RI 02903 USA |
| MANAGER | DENISE M. ARCAND MD | ARCAND FAMILY PRACTICE, 1079 MAIN STREET WEST WARWICK, RI 02893 USA |
| MANAGER | JOSEPH C. CAMBIO MD | 207 QUAKER LANE, STE. 100 WEST WARWICK, RI 02893 USA |
| MANAGER | MICHAEL J. DACEY MD | 455 TOLL GATE ROAD WARWICK, RI 02886 USA |
| MANAGER | ALBERT J. PUERINI MD | FAMILY HEALTH & SPORTS MEDICINE, 725 RESERVOIR AVENUE CRANSTON, RI 02910 USA |
| MANAGER | DENNIS KEEFE (EX OFFICIO) | 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA |
| MANAGER | JOSEPH IANNONI (EX OFFICIO) | 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA |
| MANAGER | JAMES FANALE MD | 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA |
| MANAGER | GUY LANCELLOTTI MD | KENT SURGICAL ASSOCIATES, INC., 227 CENTERVILLE ROAD WARWICK, RI 02886 USA |
| MANAGER | NOAH BENEDICT | POLARIS MEDICAL MANAGEMENT, INC., 1150 NEW LONDON AVE CRANSTON, RI 02920 USA |
| MANAGER | JOHN MINICHELLO (EX OFFICIO) | 45 WILLARD AVENUE PROVIDENCE, RI 02905 USA |
| MANAGER | LOU GIANCOLA (EX OFFICIO) | SOUTH COUNTY HOSPITAL, 100 KENYON STREET WAKEFIELD, RI 02879 USA |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ALYSSA BOSS 45 WILLARD AVENUE PROVIDENCE , RI 02905

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of October, 2017 at 10:54:19 AM 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 § 7-16.*

By JAMES FANALE

Signature of Authorized Person

Form No. 632
Revised 09/07

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