

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 101.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

| 2008       |        |          |          |   |
|------------|--------|----------|----------|---|
| · // // 1# | $\sim$ | $\wedge$ | $\wedge$ | • |
|            |        | 11       | 11       | • |

| Filing Period: June 1 - June 1 |   | ing Fee: \$20.00                 |  |                   |                               |  |
|--|---|----------------------------------|--|-------------------|-------------------------------|--|
| 1. Corporate ID No.<br>102508  | 2 Name of Corporation The Fishing Partnership Health Plan Corporation |                                  |  |                   |                               |  |
| 3. State of Incorporation MASSACHUSETTS  | 4. Corporate addre  | ess in Rhode Island - Street Add | dress  | City              | Ζιρ                           |  |
| 5 Foreign corporation. Enter pri   | ncipal office address   |                                  | City   | State             | Zip                           |  |
| 77 Warren Street   |   |                                  | Boston   |                   | 02135                         |  |
|  | E HEALTH INSU   | RANCE TO MEMBERS OF              | le Island<br>F THE FISHING INDUSTRY.<br>ACHMENT) | S BEFORE USIN     | IG ATTACHMENTS                |  |
| President Name<br>John Bartlett,   | Jr.   |                                  | Vice President Name                              |                   |                               |  |
| Street Address<br>56 Robbins Str   | eet   |                                  | Street Address                                   |                   |                               |  |
| City   | State   | Zip                              | City   | State             | Zφ                            |  |
| Acton  | MA  | 01720                            |  |                   |                               |  |
| Secretary Name   |   |                                  | Treasurer Name                                   |                   |                               |  |
| David Chicoine   |   |                                  | Steven Tringa                                    | ale               |                               |  |
| Siner Address 115 Chandler S   | T   | <del></del>                      | Street Address 93 Avalon Roa                     |                   | ·                             |  |
| Boston   | State   | Zip 0.211.6                      | City   | State             | Zip                           |  |
|  | MA  | 02116                            | Reading  | MA                | 01867                         |  |
|  |   |                                  | TACHMENT) TILL IN SPACE                          |                   |                               |  |
| THE NUMBER OF DIRECT Director Name   | ORS OF A DOM  | ESTIC (KHODE ISLANI              | D) CORPORATION SHALL NO                          | <u> </u>          | AN THREE (3). R.I.G.L. 7-6-23 |  |
| John Bartlett,   | Jr.   |                                  | Steven Tringa                                    | ماد               |                               |  |
| Street Address   |   |                                  | Street Address                                   | -                 | <del></del>                   |  |
| 56 Robbins Str   | eet   |                                  | 93 Avalon Roa                                    | ıd                |                               |  |
| City   | State   | Zip                              | City   | State             | Zíp                           |  |
| Acton  | MA  | 01720                            | Reading  | MA                | 01867                         |  |
| Director Name  |   | ····                             | Director Name                                    | •                 | •                             |  |
| David Chicoine   |   |                                  | Angela Sanfil                                    | ippo              |                               |  |
| Since Address<br>115 Chandler S  | treet, #4   |                                  | Sirect Address  3 Beauport Av                    | renue             |                               |  |
| City   | State   | Zip                              | City_  | State             | Zφ                            |  |
| Boston   | MA  | 02116                            | Gloucester                                       | MA                | 01930                         |  |
|  | RHODE ISLANI  | D - DO NOT ALTER - Ch            | nanges require filing of Fori                    | m 641 - R.I.G.L.  | 7-6-13 / 7-6-78               |  |
| Agent Name   |   |                                  | Address  |                   |                               |  |
| CT CORPORATION SYSTEM  |   |                                  |  |                   | T                             |  |
| Address  10 WEVENECT CIBERT  |   |                                  | City   |                   | Zφ                            |  |
| 10 WEYBOSSET STREET  |   | <del></del>                      | PROVIDENCE                                       |                   | 02903                         |  |
| This report must be  | signed in ink b   | y either the President, Vi       | ce President, Secretary, Assista                 | ant Secretary, Tr | easurer, Receiver or Trustee  |  |



| File Date                       | 8/16/05 |  |  |
|---------------------------------|---------|--|--|
| Check No.                       | 2562    |  |  |
| Ву:                             | DA      |  |  |
| FOR SECRETARY OF STATE USE ONLY |         |  |  |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all

statements contained herein are true and correct.

. Bartlett, Jr.

Print or Type Name of Officer President

Title of Officer

Director Name: Kevin Counihan 58 Cliff Road Wellesley Hills, MA 02481

Director Name: Jim Kendall 19 Weaver Street New Bedford, MA 02740

> 102508 FILED AUG 15 2005 By OA



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 631 Rev. 6/02

| NON-PROFIT                                  | CORPORATI   | ION ANNUA                               | AL REPORT FOR TH  | IE YEAR        | 2004                                   |
|---|---|---|---|----------------|--|
| Filing Period: June 1 (FORM MUST BE TYPED O |   |   |   |                |  |
| I. Corporate ID No.<br>102508               | 2. Name of Corpora  |   |   |                | <del></del>                            |
| 3. State of Incorporation                   |   | s in Rhode Island Stree                 | t Address   | City           | Zip                                    |
| Massachusetts                               |   |   |   | ·              | •                                      |
| 5. Foreign corporation: Enter               | r principal office address                                      |   | City  | State          | Zip                                    |
| 77 Warren St.                               |   |   | Boston  | MA             | 02135                                  |
| 6. Brief Description of the cho             | aracter of the affairs which                                    | are actually conducted                  | in Rhode Island   | · ************ | • • • •                                |
|   |   |   |   |                |  |
| 7. NAMES AND ADDRE                          | ESSES OF THE OFFI   | CERS ("X" BOX FO                        | RATTACHMENT)   FILL IN SPACES                                   | REFORE HEN     | C ATTACUMENTS                          |
| President Name                              |   |   | Vice President Name   | JEN ONE COM    | GAT IACIMINATS                         |
| John Bartlett, J                            | r.<br>  |   |   |                |  |
| Street Address                              |   |   | Sircei Address  | •              | •                                      |
| 56 Robbins St.                              |   | <del></del>                             |   |                |  |
| City<br>Acton                               | State<br>MA   | <i>Zip</i><br>• 01720                   | City  | State          | Zip                                    |
| Secretary Name                              | 1144  | - 101/20                                | Tréasurer Name  |                |  |
| David Chicoine                              |   |   | Steven Tringale   |                |  |
| Street Address                              | 1 14 m  | · ·- ·- ·- ·                            | Street Address  |                |  |
| 115 Chandler St.                            | , #4  |   | .93 Avalon Road   |                |  |
| City  | State   | Zip                                     | City  | State          | Zip                                    |
| Boston                                      | MA  | 02116                                   | Reading   | MA             | 01867                                  |
| 8. NAMES AND ADDRE                          | SSES OF THE DIRE  | CTORS ("X" BOX F                        | OR ATTACIIMENT) A FILL IN SPAC<br>LAND) CORPORATION SHALL NOT R | ES BEFORE USI  | ING ATTACHMENTS                        |
| Director Name                               |   | ·                                       | Director Name   |                | ************************************** |
| John Bartlett, J                            | r.  |   | Steven Tringale   |                |  |
| Street Address                              | •                         |   | .Street Address   |                |  |
| 56 Robbins St.                              |   |   | 93 Avalon Road  |                |  |
| City  | State   | Zip                                     | City  | State          | Zip                                    |
| Acton                                       | · MA  | 101720                                  | Reading   | MA             | 01867                                  |
| Director Name                               | •                         | • • • • • • • • • • • • • • • • • • •   | Director Name   | · · · · · ·    | • •                                    |
| David Chicoine                              |   |   | Angela Sanfilippo   |                |  |
| Street Address                              |   |   | Street Address  |                |  |
| 115 Chandler St.                            | · • • · · · <del>- · • · · · · · · · · · · · · · · · · · </del> |   | 3 Beauport Avenue   |                |  |
| City<br>Boston                              | State   | Zip                                     | City  | State          | Zip                                    |
|   | MA  | 102116                                  | Gloucester  | MA             | . 01930                                |
| Ageni Name                                  | I IN RHODE ISLAŅI   | -DO NOT ALTER- C                        | hanges require filing of For                                    | m 641 -R.I.GI  | . 7-6-13 / 7-6-78                      |
| CT Corporation                              |   |   | 1   |                |  |
| Address                                     |   |   | . City  |                | ip                                     |
| 10 Weybosset Street                         |   |   | Providence  | (              | )2903                                  |
| This report must be sign                    | ned in ink by either  | the President Vic                       | e President, Secretary, Assistant                               |                |  |
|   | 2 5 0 8   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Under penalty of perjury,                                       |                |  |
| <u>;</u> _                                  | ILED  | ٦                                       | this report, including any and that all statements cor          | accompanying s | chedules and statements,               |
| File Date                                   |   |   | ART   |                | 513105                                 |
| MAY   | 1 0 5 ZUU5  |   | Signature of Officer  | <del></del>    | Date                                   |
| Check No.                                   | \   |   | John Bartlett,  | lr             | Duit                                   |
| RAT   | 110202  | 5                                       | Print or Type-Name of Office                                    |                | <del></del>                            |
| B <u>v:</u>                                 |   | 7                                       | President   |                |  |
| FOR SECRETARY OF STAT                       | E USE ONLY (  | $q$ $\mathcal{M}$                       | 1 I GSIUCIIL  |                |  |

Title of Officer

Director Name: Kevin Counihan 58 Cliff Road Wellesley Hills, MA 02481

Director Name: Jim Kendall 19 Weaver Street New Bedford, MA 02740

FILED
MAY 0 5 2005
By ON



# STATE OF RHODE ISLAND

Matthew A. Brown, Secretary of State Corporations Division

| * AND P                         | OF RHODE ISLA<br>ROVIDENCE PLA<br>the Secretary of State | ANTATIONS  |   | 100 North Main    | Street, Providence, RI 02903-<br>401.222. |
|---------------------------------|--|--|---|-------------------|---|
| NON-PROFIT                      | CORPORA  | TION ANNUA   | L REPORT FOR                                      | THE YEAR _        | 2003                                      |
| Filing Period: June 1           |  |  |   |                   |   |
| FORM MUST BE TYPED              | OR PRINTED IN BLA  | (CK)   |   | •                 |   |
| 1. Corporate ID No.             | 2. Name of Cor   | tnership Health Plan   |   |                   |   |
| 102508                          |  |  | s Addraes   | City              | Zip                                       |
| 3. State of Incorporation       | 4. Corporate at  | ddress in Rhode Island -Stree  | , Man, con  | ·                 |   |
| Massachusetts                   | eiamai Tali  | <u> </u>   | : City  | State             | Zip                                       |
| 5. Foreign corporation: È       | мет ртисции однов ими                                    | uress  | Boston  | . MA              | . 02135                                   |
| 77 Warren St                    |  |  |   |                   |   |
| 6. Brief Description of the     | character of the affairs                                 | which are actually conducted   | i in knowe island<br>As the Planton India         | strv              |   |
| To Provide Affor                | rdable Health I  | naurance to Member   | rs of the Fishing Indu                            | I                 |   |
| معاليا والمالية                 |  |  | A CONTRACTOR OF THE PARTY AND SECOND              | ACES BEFORE USING | ATTACHMENTS                               |
| 7. NAMES AND ADD President Name | RESSES OF THE C  | OFFICERS (*X. BOX FO   | RATTACHMENT) □ FILID IN SE<br>Vice President Name |                   | TARBUTATOR TO THE BOTT                    |
| John R. Bartle                  | tt, Jr.  |  |   |                   |   |
| Street Address                  |  | ,  | Street Address                                    |                   |   |
| 56 Robbins St.                  |  |  |   |                   | 7.0                                       |
| City                            | State  | Zip  | City  | State .           | Zıp                                       |
| Acton                           | MA   | 01720  | And the State of the Control of the Control       |                   |   |
| Secretary Name                  |  |  | Treasurer Name Steven Tringale                    | <b>.</b>          |   |
| David Chicoine                  |  |  | _   | <b>-</b>          |   |
| Sirvet Address                  |  |  | Street Address                                    |                   |   |
| 115 Chandler S                  | 3t., #4  |  | 93 Avalon Road                                    |                   | Zip                                       |
| City                            | State  | Zip  | City  | State<br>MA       | 01867                                     |
| Boston                          | MA   | 02116  | Reading   |                   |   |
| 8. NAMES AND ADI                | DRESSES OF THE I   | DIRECTORS ("X" BOX I   | ORATIACHMENT A FILL IN                            | NOT BE LESS THAN  | THREE (3).R.I.G.L 7-8-23                  |
| Director Name                   | water white and the control of the                       | Marian e and a second s | Director Name                                     |                   |   |
|                                 | .Tr  |  | David Chicoine                                    |                   |   |
| John Bartlett                   | , UL.  |  | Street Address                                    |                   |   |
| Street Address                  |  |  | 115 Chandler S                                    | t., #4            |   |
| 56 Robbins St                   |  | .7in   | City  | State             | Zip                                       |
| City                            | State<br>MA  | <i> Zip</i><br>  01720   | Boston  | MA                | 02116                                     |
| Acton                           | MA.  | ,UI12U   | Director Name                                     |                   | • • • •                                   |
| Director Name                   | 1.0  |  | Angela Sanfili                                    | ogg.              |   |
| Steven Tringa                   | 16   |  | Street Address                                    | <u> </u>          | <del></del>                               |
| Street Address                  | d  |  | 3 Beauport Ave                                    | nue               |   |
| 93 Avalon Roa                   | State  | Zip  | City  | State             | Zip                                       |
| City                            | MA   | 01867  | Gloucester  | AM                | 01930                                     |
| Reading                         | I*LP4  | 01007  | <b>9.0</b>  |                   |   |

Address Agent Name CT Corporation System Zip City Address 02903 Providence 10 Weybosset Street

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.GL 7-6-13 / 7-6-78

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



| File Date   | 6.26.03                |  |
|-------------|------------------------|--|
| Check No.   | 2126                   |  |
| B <u>y:</u> | U                      |  |
| FOR SECRE   | TARY OF STATE USE ONLY |  |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| ×104                  |         | 6/20/03   |
|-----------------------|---------|-----------|
| Signature of Officer  | la by   | Rachett V |
| Print or Type Name of | Officer |           |

Form 631 Rev. 6/02



### Additional Fishing Partnership Health Plan Directors:

| Name/Position | Address               |
|---------------|-----------------------|
| James Kendall | 19 Weaver St.         |
|               | New Bedford, MA 02740 |
| Julie Rosen   | 56 Varick Rd.         |
|               | Waban, 02168          |
| Alex Ferent   | 30 Ericson Road       |
|               | Weymouth, MA 02188    |

## To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

- 1 Den 5

### **NON-PROFIT CORPORATION**

| Corporate ID Number <u>FNP-10250</u>              | 8                               | Annual Report for the year 2002  |
|---|---------------------------------|--|
| 1. The name of the corporation is                 | The Fishing Partnership F       | lealth Plan Corporation  |
| •   |                                 | ncorporated is MASSACHUSETTS his state is 10 WEYBOSSET STREET PROVIDENCE, RI   |
| 02903 and the name of its registered a            | agent in this state at that ag  | ddress is CT CORPORATION SYSTEM  |
| 4. The character of the affairs which             | ch it is actually conducting    | in Rhode Island, briefly stated, is to provide health cur<br>New English adversity affected by the define in the fishing in                                    |
| 5 If a foreign corporation, the add               | ress of its principal office in | the state or other jurisdiction under the laws of which it is  |
| 6. Corporate address in Rhode Isl                 | and See in book                 |  |
|   | •                               | mpliance with 7-6-23 of the R.I.G.L. 1956, as amended, the ion shall not be less than three (3).)  |
| Angela Scaffipo Di                                | , ,                             | ADDRESS LA Ade, Gloweter, wa desc wer St., New Beiffert, MA 02740  |
| Julie Rosa Dir                                    | ector <u>ನ್ಯ</u> ಎನ್            | ac Avi Wahin, mg 62168   |
| Alex Ferreit Dir                                  | ector <u>೨೦</u> ೯-              | icsus Rd, waynorth MA 02/88  |
| Jun Bortlett Je Pro                               |                                 | labbins St. Actions ma 61726   |
| DIDITO CRICONE                                    |                                 | tate St.; Newhypet MA 01950  |
| Stein Tringale "                                  | asurer <u>43 A</u>              | Now Rd. , Reading MA DIEGO   |
| Dated: 6/24/62                                    | report, includi                 | of perjury, I declare and affirm that I have examined this<br>ng any accompanying schedules and statements, and that<br>contained herein are true and correct. |
|   | - Fishing                       | Partnership Health Plan  Exact Name of Corporation   |
| * 1 0 2 5 0 8 *                                   |                                 | Exact Name of Corporation  |
| FOR SECRETARY OF STATE USE ONLY                   | By                              |  |
| File Date: O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O-O- | Title                           | <u> </u>   |
| Check No.: 2080                                   |                                 | Form No. 631<br>Revised 5/98   |

· Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

· • • • •

### **NON-PROFIT CORPORATION**

| Corporate         | ID Number <u>FNP-</u>                        | 102508                              | —— Annual Report for the year 2001   |
|-------------------|--|-------------------------------------|--|
| 1. The na         | ame of the corporati                         | on is The Fish                      | ing Partnership Health Plan Corporation  |
| 2. The st         | tate or other jurisdic                       | ion under the la                    | ws of which it is incorporated is MASSACHUSETTS  |
|                   | iddress of the regist                        |                                     | e corporation in this state is 10 WEYBOSSET STREET PROVIDENCE, R   |
| and th            | ne name of its regist                        | ered agent in th                    | is state at that address is CT CORPORATION SYSTEM  |
| 4. The cl         | haracter of the affair                       | s which it is act                   | ually conducting in Rhode Island, briefly stated, is provide affordable the fishing community  |
| 5 Ifafoi          | reign corporation, th                        | e address of its                    | principal office in the state or other jurisdiction under the laws of which it is Boston, MA 02135   |
|                   | rate address in Rho<br>2903                  | de Island <u>c/c</u>                | CT Corporation System, 10 Weybosset Street, Providence   |
| 7. Name:<br>numbe | s and addresses of<br>er of directors of a d | its directors and<br>omestic (Rhode | officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)  |
| N/                | AME  | OFFICE                              | ADDRESS  |
| Angela<br>Janes   | . Sanflippo<br>Kedall                        | Director<br>Director                | SEE ATTACHED STATEMENT   |
| <del>-</del>      |  | Director                            |  |
| <u>John</u>       | Bartlett, Ir.                                | President д                         | ND Directo   |
|                   |  | Vice-Preside                        | nt   |
| <u>Diqui</u>      | d Chicone                                    | Secretary A                         | 40 Drech   |
| <u>Sk</u>         | ver Tringele                                 | Treasurer 🔨                         | ND Dreck   |
| Dated:            | 6/30/01                                      | <del></del>                         | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |
|                   |  |                                     | The Fishing Partnership Health Plan Corporation  |
| * 1               | 0 2 5 0 8                                    | *                                   | Exact Name of Corporation  |
|                   | ETARY OF STATE USE                           |                                     | ByfdrRfs+++  |
| le Date:          | 7:30-01                                      |                                     | Title President  |
| heck No.:         | X0.56  |                                     | (Report must be signed by an officer)  |
| y:                | 20.56<br>Os                                  |                                     | <sup>1.</sup> Form No. 631<br>Revised 5/98   |

| Name/Position          | Address               |
|------------------------|-----------------------|
| John R. Bartlett, Jr.  | 56 Robbins St.        |
| President AND Director | Acton, MA 01720       |
| Steven Tringale        | 93 Avalon Road        |
| Treasurer AND Director | Reading, MA 01867     |
| David Chicoine         | 160 State Street      |
| Clerk AND Director     | Newburyort, MA 01950  |
| Angela Sanfilippo      | 3 Beauport Avenue     |
| Director               | Gloucester, MA 01930  |
| James Kendall          | 19 Weaver St.         |
| Director               | New Bedford, MA 02740 |

Please Note that Mr. Bartlett, Mr. Tringale, Mr. Chicoine, Ms. Sanfilippo, and Mr. Kendall are all Directors. In addition, Mr. Bartlett serves as the President, Mr. Tringale serves as the Treasurer, and Mr. Chicoine serves as the Clerk.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### NON-PROFIT CORPORATION

|  | 14014                   | Thorn confonation  |
|--|-------------------------|--|
| Corporate ID Number _                                  | 102508                  | Annual Report for the year 4 600   |
| 1. The name of the co                                  | rporation is The I      | Fishing Partnership Health Plan Corporation  |
| 2. The state or other ju                               | urisdiction under the   | laws of which it is incorporated is <u>Massachusetts</u>   |
| <ol> <li>The address of the<br/>Providence,</li> </ol> | _                       | he corporation in this state is, 10 Weybosset Street   |
| and the name of its                                    | registered agent in     | this state at that address is CT Corporation   |
|  |                         | ctually conducting in Rhode Island, briefly stated, isprovide to members of fishing community  |
| If a foreign corporat                                  | tion, the address of it | s principal office in the state or other jurisdiction under the laws of which it is  |
|  | ,                       | o CT Corporation   |
| 6. Corporate address                                   |                         | dence, RI 02903  |
|  |                         |  |
|  |                         | nd officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the Island) corporation shall not be less than three (3).)   |
| NAME   | OFFICE                  | ADDRESS  |
|  | Director                |  |
|  | Director                | SEE ATTACHED STATEMENT   |
|  | Director                |  |
| ····   | President               |  |
|  | Vice-Preside            | ent  |
|  | Secretary               |  |
|  | Treasurer               |  |
| ated:  |                         | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |
| FOR SECRETARY OF STA                                   | TRUSE ONLY              | The Fishing Partnership Health Plan Corporation  Exact Name of Corporation   |
| e Date: 3  | 747 0                   | Title President  |
| eck No.:   | 2                       | (Report must be signed by an officer)  |
| :  |                         | Form No. NP-13   |

Revised 5/98

# FISHING PARTNERSHIP HEALTH PLAN CORPORATION ANNUAL REPORT OFFICERS and DIRECTORS

David Chicoine 41 Gary Street Boston, MA 02116

John R. Bartlett, Jr. 56 Robbins Street Acton, MA 01720

Steven J. Triangle 93 Avalon Road Reading, MA 01867-3779

James Kendall 19 Weaver Street New Bedford, MA 02740

Angela Sanfilippo 3 Beauport Avenue Gloucester, MA 01930

# FISHING PARTNERSHIP HEALTH PLAN CORPORATION ANNUAL REPORT OFFICERS and DIRECTORS

Clerk

David Chicoine

41 Gary Street

Boston, MA 02116

President

John R. Bartlett, Jr.

56 Robbins Street Acton, MA 01720

Treasurer

Steven J. Triangle

93 Avalon Road

Reading, MA 01867-3779

James Kendall 19 Weaver Street

New Bedford, MA 02740

Angela Sanfilippo 3 Beauport Avenue Gloucester, MA 01930



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

#### **NON-PROFIT CORPORATION**

| Со  | rporate ID Number 102508  | Annual Report for the year 1999  |
|---|---|--|
| 1.  | The name of the corporation isThe Fis   | hing Partnership Health Plan Corporation   |
| 2.<br>3.  |   | vs of which it is incorporated isMassachusetts  corporation in this state is10 Weybosset Street  |
|   | Providence, RI 02903  | and the  |
|   | name of its registered agent in this state at   | that address isCT Corporation  |
| 4.  | The character of the affairs which it is actual   | ally conducting in Rhode Island, briefly stated, isprovide   |
|   | health insurance benefits to p  | members of fishing community   |
| 5   | If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is77 Warren Street, Boston, MA02135                                     |  |
| 6. Corporate address in Rhode Island c/o CT Corporation |   | CT Corporation   |
|   | 10 Weybosset Street, Provi  | dence, RI 02903  |
| 7.  | Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).) |  |
|   | NAME OFFICE   | ADDRESS  |
|   | Director  |  |
|   | Director  |  |
|   | Director  |  |
|   | President   | SEE ATTACHED STATEMENT   |
|   | Vice-President  |  |
|   | Secretary   |  |
|   | Treasurer   |  |
| Dat   | PAIPS JUN 0 1 2000 SICLE SECTYOF STATE HOP  | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  The Fishing Partnership Health Plan Corporation  Exact Name of Corporation  By Corporation  Title President  (Report must be signed by an officer) |

Form No 631 Revised: 01/99

# FISHING PARTNERSHIP HEALTH PLAN CORPORATION ANNUAL REPORT DIRECTORS

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