



**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: 2018

1. Corporate ID No. 000096407

2. Name of Corporation CareLink, 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

813910

4. Corporate Address in Rhode Island

No. and Street: 225 CHAPMAN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

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

INTEGRATING AND CONSOLIDATING CERTAIN NON-PATIENT CARE FUNCTIONS
CURRENTLY UNDERTAKEN BY THE MEMBERS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY BETH DAIGNEAULT	309 SPRING STREET NEWPORT, RI 02840 USA
VICE PRESIDENT	KEVIN MCKAY	500 WATERFRON DRIVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ROBERTA MERKLE	1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA
DIRECTOR	MARK LOISELLE	1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA
DIRECTOR	SUSAN BAZAR	100 NIANTIC AVENUE CRANSTON , RI 02910 USA
DIRECTOR	MAUREEN BISCHOFF	1085 NORTH MAIN STREET PROVIDENCE , RI 02904 USA
DIRECTOR	LAURIE ANN OLIVEIRA	5 SAINT ELIZABETH WAY EAST GREENWICH , RI 02818 USA
DIRECTOR	CANDY SHARKEY	1104 EAST MAIN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	KELLY LEE	225 CHAPMAN STREET PROVIDENCE , RI 02905 USA
DIRECTOR	DIANA FRANCHITTO	1085 NORTH MAIN STREET PROVIDENCE , RI 02906 USA
DIRECTOR	DIANNE BOURGET	100 BORDEN STREET PROVIDENCE , RI 02903 USA
DIRECTOR	STEVEN HOROWITZ	1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA
DIRECTOR	JULIE RICHARD	100 BORDEN STREET PROVIDENCE, RI 02903 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**

JOAN KWIATKOWSKI 225 CHAPMAN STREET PROVIDENCE , RI 02905

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

Signed this 8 Day of May, 2018 at 9:28:42 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 § 7-6.

By JOAN KWIATKOWSKI
Signature of Authorized Person

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