



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000103804		2. Exact name of the Corporation Occupational and Environmental Health Center of RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish clinical health centers for workers and employers			
4. NAICS Code 621999					
6. Principal Office Address 410 South Main Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jim Riley			Vice-President Name Michael F. Sabitoni		
Street Address 1540 Pontiac Avenue, Suite A			Street Address 410 South Main Street		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02903
Secretary Name Jim Celenza			Treasurer Name George Nee		
Street Address 741 Westminster Street			Street Address 194 Smith Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name Andrea Gomez			Director Name Michael F. Sabitoni		
Street Address 1540 Pontiac Avenue, Suite A			Street Address 410 South Main Street		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02903
Director Name Roy Coulomb			Director Name		
Street Address 845 Waterman Avenue			Street Address		
City E. Providence	State RI	Zip 02914	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MARY ELLEN D'Amico ADMINISTRATOR				Date 5/16/18	
Signature of Officer/Authorized Representative <i>Mary Ellen D'Amico</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 MAY 23 2018
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