



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 <b>000103804</b>		2. Exact name of the Corporation <b>Occupational and Environmental Health Center of RI</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To establish clinical health centers for workers and employers</b>			
4. NAICS Code <b>621999</b> <input type="checkbox"/>					
6. Principal Office Address <b>410 South Main Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jim Riley</b>			Vice-President Name <b>Michael F. Sabitoni</b>		
Street Address <b>1540 Pontiac Avenue, Suite A</b>			Street Address <b>410 South Main Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Jim Celenza</b>			Treasurer Name <b>George Nee</b>		
Street Address <b>741 Westminster Street</b>			Street Address <b>194 Smith Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name <b>Andrea Gomez</b>			Director Name <b>Michael F. Sabitoni</b>		
Street Address <b>1540 Pontiac Avenue, Suite A</b>			Street Address <b>410 South Main Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Roy Coulomb</b>			Director Name		
Street Address <b>845 Waterman Avenue</b>			Street Address		
City <b>E. Providence</b>	State <b>RI</b>	Zip <b>02914</b>	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.					
<b>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.</b>					
<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 <b>MARY ELLEN D'Amico   ADMINISTRATOR</b>					Date <b>5/16/18</b>
Signature of Officer/Authorized Representative <i>Mary Ellen D'Amico</i>					

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

**FILED**  
 MAY 23 2018  
 BY 2969