



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.** 000114549

**2. Name of Corporation** Neighborhood Health Plan of Rhode Island

**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

6

524114

**4. Corporate Address in Rhode Island**

No. and Street: 910 DOUGLAS PIKE

City or Town: SMITHFIELD

State: RI

Zip: 02917

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**

HEALTH MAINTENANCE ORGANIZATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER MARINO	24 CATALPA WAY COVENTRY, RI 02816 USA
SECRETARY	BRENDA DOWLATSHAHI	1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA
VICE CHAIR	JANE HAYWARD	235 PROMENADE STREET - SUITE 104 PROVIDENCE, RI 02908 USA
CHAIR	PETER BANCROFT	36 BRIDGE WAY PASCOAG, RI 02859 USA
DIRECTOR	JEANNE LACHANCE	5 TIMBER LANE EXETER, RI 02822 USA
DIRECTOR	GARY E FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
TREASURER	MERRILL THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	KEITH OLIVEIRA	63 ROANOKE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JANE HAYWARD	235 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	RICHARD BESDINE M.D.	121 SOUTH MAIN STREET PROVIDENCE, RI 02912 USA
DIRECTOR	MERRILL THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	RAYMOND LAVOIE	39 EAST AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	MICHAEL LICHTENSTEIN	823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	PABLO RODRIGUEZ M.D.	407 EAST AVE-STE 150 PAWTUCKET, RI 02860 USA
DIRECTOR	PETER MARINO	24 CATALPA WAY COVENTRY , RI 02186 USA
DIRECTOR	PATRICIA MARTINEZ	142 OAKLAND AVENUE DARLINGTON, RI 02861 USA
DIRECTOR	DORIS DE LOS SANTOS	61 DEWEY STREET PROVIDENCE, RI 02909 USA
DIRECTOR	PETER BANCROFT	36 BRIDGEWAY PASCOAG, RI 02859 USA
DIRECTOR	CHRISTOPHER LITTLE	72 PINE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM HOCHSTRASSER-WALSH	311 DORIC AVENUE CRANSTON, RI 02910 USA
DIRECTOR	BRENDA DOWLATSHAHI	1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	DENNIS ROY	100 BULLOCKS POINT AVENUE RIVERSIDE, RI 02905 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**

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

**Signed this 7 Day of June, 2018 at 12:26:34 PM 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 PETER MARINO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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