



**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

**Foreign Non-Profit
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. 001672676

2. Name of Corporation Northeast Medical Group, Inc.

3. State of Incorporation

State: CT

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

624190

4. Corporate Address in Rhode Island

No. and Street: 99 HAWLEY LANE

City or Town: STRATFORD

State: RI

Zip: 06614

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

THE NATURE OF THE ACTIVITIES TO BE CONDUCTED AND THE PURPOSES TO BE PROMOTED OR CARRIED BY THE CORPORATION SHALL BE EXCLUSIVELY CHARITABLE SCIENTIFIC AND EDUCATIONAL WITHIN THE MEANING OF 501C3

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PRATHIBHA VARKEY	99 HAWLEY LANE STRATFORD, CT 06614 USA
TREASURER	KEITH TANDLER	99 HAWLEY LANE STRATFORD, CT 06614 USA
SECRETARY	CHRISTOPHER O'CONNOR	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
ASSISTANT SECRETARY	MARC LOMBARDI ESQ	789 HOWARD AVENUE NEW HAVEN, CT 06519 USA
CHAIR	ELLIOT SUSSMAN M.D.	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	PAUL NICHOLAS BERTINI	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	H. ANTHONY CARTER M.D.	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	GARY DESIRE M.D.	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	PATRICK GREEN	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	MAHFUZ HOG M.D.	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	PAULA SANTRACH M.D.	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	JOHN E. SCHMELZER	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	PETER SCHULAM M.D.	99 HAWLEY LANE STRATFORD, CT 06614 USA
DIRECTOR	STEPHANIE SPANGLER M.D.	99 HAWLEY LANE STRATFORD, CT 06614 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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 13 Day of June, 2018 at 11:28:31 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 PRATHIBHA VARKEY
Signature of Authorized Person

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