



**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.** 000026279

**2. Name of Corporation** Thundermist Health Center

**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

**4. Corporate Address in Rhode Island**

No. and Street: 171 SERVICE AVENUE  
BUILDING 2, 1ST FLOOR  
City or Town: WARWICK State: RI Zip: 02886 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**

PRIVATE, NONPROFIT, COMPREHENSIVE COMMUNITY HEALTH CENTER

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	M. DOUGLAS FAY	55 DORRANCE STREET, 4TH FLOOR PROVIDENCE, RI 02903 USA
SECRETARY	LINDA CANNISTRA	87 RIDGE ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	ANDREA ROLLIN	19 PROVIDENCE STREET WEST WARWICK, RI 02893 USA
DIRECTOR	LAURA ADAMS	50 HOLDEN STREET, SUITE 300 PROVIDENCE, RI 02908 USA
DIRECTOR	PEGGY MARTINEZ	37 LINCOLN STREET WOONSOCKET, RI 02895 USA
DIRECTOR	SANDRA ENOS	24 SWEET FERN LANE PEACE DALE, RI 02883 USA
PRESIDENT & CEO	JEANNE LACHANCE	171 SERVICE AVENUE WARWICK, RI 02886 USA
CHAIRPERSON	DAVID VALOIS	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
VICE CHAIRPERSON	FRANK FERRI	38 LIPPITT AVENUE WARWICK, RI 02888 USA
DIRECTOR	TIMOTHY HENRY	25 CLIFF AVENUE CRANSTON, RI 02920 USA
DIRECTOR	ERIN M COONEY	729B WASHINGTON STREET COVENTRY, RI 02816 USA
DIRECTOR	KATE BREWSTER	360 PINE HILL ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	LAWRENCE TRIM	2 FAIRWAY DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	MARY EDDY	110 SHADOW FARM WAY, #37 WAKEFIELD, RI 02879 USA
DIRECTOR	CHERYL KING	1207 MENDON ROAD WOONSOCKET, RI 02895 USA
DIRECTOR	MARY ELLEN CANIGLIA	31 TABER AVENUE WEST KINGSTON, RI 02892 USA
DIRECTOR	DONALD LARSEN	160 HUNTS AVENUE PAWTUCKET, RI 02861 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**

JEANNE LACHANCE 171 SERVICE AVENUE BUILDING 2 WARWICK , RI 02886

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

**Signed this 15 Day of June, 2018 at 12:00:10 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 JEANNE LACHANCE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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