



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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

| Title | Individual Name First, Middle, Last, Suffix | Address 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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