



**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. 000104323

2. Name of Corporation Connecticut Peer Review Organization, 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

541990

4. Corporate Address in Rhode Island

No. and Street: C/O 3960 POST ROAD LLC

3970 POST RD

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

TO OFFER REVIEW AND EVALUATION SERVICES FOR THE HEALTH CARE DELIVERY SYSTEM

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	TIMOTHY ELWELL	1290 SILAS DEANE HIGHWAY SUITE 4A WETHERSFIELD, CT 06109 USA
TREASURER	FRANCES PADILLA	290 PRATT STREET MERIDEN, CT 06450 USA
PAST CHAIR	PAUL LIISTRO	385 W.CENTER STREET MANCHESTER, CT 06040 USA
CHAIR	ROLLIN SCHUSTER	135 SOUTH ROAD FARMINGTON, CT 06032 USA
SECRETARY	ANGELA MATTIE	275 MT. CARMEL AVE HAMDEN, CT 06516 USA
DIRECTOR	MOLLY REES GAVIN	43 ENTERPRISE DRIVE BRISTOL, CT 06010 USA
DIRECTOR	MICHELLE DEBARGE	20 CHURCH ST HARTFORD, CT 06103 USA
DIRECTOR	ALAN KLIGER	300 GVEORGE ST 4TH FLOOR #487 NEW HAVEN, CT 06519 USA
DIRECTOR	MAG MORELLI	110 BARNES ROAD WALLINGFORD, CT 06492 USA
DIRECTOR	M. NATALIE ACHONG	26 MORGAN PLACE FARMINGTON, CT 06085 USA
DIRECTOR	KIM BEAUREGARD	281 MAIN ST EAST HARTFORD, CT 06118 USA
DIRECTOR	MICHAEL DIMENSTEIN	789 HOWARD AVENUE NEW HAVEN , CT 06519 USA
DIRECTOR	BRIAN HINMAN	19 EVAN COURT FISHKILL, NY 12524 USA
DIRECTOR	ERIC ROSOW	400 FARMINGTON AVENUE FARMINGTON, CT 06001 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**

3960 POST ROAD LLC 3970 POST ROAD 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 2 Day of July, 2018 at 5:11:48 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 KRISTEN MCCLAIN
Signature of Authorized Person

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