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. 000030474

2. Name of Corporation WOOD RIVER HEALTH SERVICES, INC.

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

813990

4. Corporate Address in Rhode Island

No. and Street: 823 MAIN STREET
City or Town: HOPE VALLEY State: RI Zip: 02832 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 NOT FOR PROFIT HEALTHCARE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	ROBIN DEVIN	PO BOX 145 HOPE VALLEY, RI 02832 US
TREASURER	GREG KENNEY	271 SPRING ST ROCKVILLE, RI 02873 US
SECRETARY	REGAN PENNYPACKER	PO BOX 737 HOPE VALLEY, RI 02832 US
VICE PRESIDENT	FRANK HOPKINS	222 BUCKEYE BROOK RD CHARLESTOWN, RI 02813 US
DIRECTOR	PATRICIA BARBER	24 STENTON AVE WESTERLY, RI 02891 US
DIRECTOR	KEITH SWABY	137 SOUTHERN WAY CHARLESTOWN, RI 02813 US
DIRECTOR	JOHN PAYNE	9 NORTH DR WESTERLY, RI 02891 US
DIRECTOR	ERIC SORENSEN	67 CANONCHET RD HOPE VALLEY, RI 02832 US
DIRECTOR	JON URE	34 PROSPECT SQ WYOMING, RI 02898 US
DIRECTOR	LISA NELSON	40 HAPPY VALLEY WESTERLY, RI 02891 US
DIRECTOR	SANDY ARNOLD	20 GRAYS POINT RD CHARLESTOWN, RI 02813 US
DIRECTOR	DANIEL MAKIN	24 SCHILKE DR WESTERLY, RI 02891 US

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

JOHN STOCKWELL PAYNE, ESQ. 46 GRANITE STREET WESTERLY , RI 02891

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

Signed this 6 Day of August, 2018 at 3:25:54 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 JOHN STOCKWELL PAYNE
Signature of Authorized Person

Form No. 631
Revised 09/07