



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000941667

**2. Exact Name of the Limited Liability Company** INTEGRA COMMUNITY CARE NETWORK, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621999

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

ACCOUNTABLE CARE ORGANIZATION

**5. Principal Office Address**

No. and Street: 45 WILLARD AVENUE  
City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ASHLEY TAYLOR Contact Title: GENERAL COUNSEL  
No. and Street: CARE NEW ENGLAND HEALTH SYSTEM  
45 WILLARD AVENUE  
City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	PAUL F. BARRATT MD	100 KENYON STREET

		WAKEFIELD, RI 02879 USA
MANAGER	CHRISTOPHER M. FUREY MD	215 TOLL GATE ROAD, STE. 104 WARWICK, RI 02886 USA
MANAGER	MARTIN KERZER MD	857 POST ROAD WARWICK, RI 02888 USA
MANAGER	MARK ROSENBERG MD	FAMILY HEALTH & SPORTS MEDICINE, 725 RESERVOIR AVENUE CRANSTON, RI 02910 USA
MANAGER	JOSEPH A. DIAZ MD	MEMORIAL HOSPITAL OF RHODE ISLAND, 111 BREWSTER STREET PAWTUCKET, RI 02860 USA
MANAGER	BRIAN KWETKOWSKI DO	37 AUBURN AVENUE JOHNSTON, RI 02919 USA
MANAGER	RAY POWRIE MD	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
MANAGER	JOHN MINICHELLO (EX OFFICIO)	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
MANAGER	LOU GIANCOLA (EX OFFICIO)	SOUTH COUNTY HOSPITAL, 100 KENYON STREET WAKEFIELD, RI 02879 USA
MANAGER	ALBERT J. PUERINI MD	FAMILY HEALTH & SPORTS MEDICINE, 725 RESERVOIR AVENUE CRANSTON, RI 02910 USA
MANAGER	JOSEPH IANNONI (EX OFFICIO)	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
MANAGER	JAMES FANALE MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
MANAGER	GUY LANCELLOTTI MD	KENT SURGICAL ASSOCIATES, INC., 227 CENTERVILLE ROAD WARWICK, RI 02886 USA
MANAGER	NOAH BENEDICT	POLARIS MEDICAL MANAGEMENT, INC., 1150 NEW LONDON AVE CRANSTON, RI 02920 USA
MANAGER	AMY HALT MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
MANAGER	KATHLEEN MCKEON	25 BEGONIA DRIVE CRANSTON, RI 02920 USA
MANAGER	RENEE EGER MD	235 PLAIN STREET PROVIDENCE, RI 02905 USA
MANAGER	CHESTER HEDGEPEETH MD	455 TOLL GATE ROAD WARWICK, RI 02886 USA
MANAGER	FADI MANSOURATI MD	966 MINERAL SPRING AVE PROVIDENCE, RI 02904 USA
MANAGER	ANGELO CAMBIO MD	207 QUAKER LN, NO. 100 WEST WARWICK, RI 02893 USA
MANAGER	CHAD NEVOLA MD	120 DUDLEY STREET, SUITE 105 PROVIDENCE, RI 02905 USA
MANAGER	PETER OPPENHEIMER PHD	260 WASECA AVE BARRINGTON, RI 02806 USA
MANAGER	ANNA TUYA-FULTON MD	455 TOLL GATE ROD WARWICK, RI 02893 USA
MANAGER	JOANNE WILKINSON MD	230 WORCESTER ST WELLESLEY, MA 02481 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ASHLEY TAYLOR 45 WILLARD AVENUE PROVIDENCE , RI 02905

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 21 Day of March, 2019 at 9:08:16 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 § 7-16.*

By JAMES E. FANALE, M.D.  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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