



**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: 2019

1. Corporate ID No. 000184486

2. Name of Corporation Clinica Esperanza/Hope Clinic

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

813212

4. Corporate Address in Rhode Island

No. and Street: 60 VALLEY STREET, SUITE 104

City or Town: PROVIDENCE

State: RI Zip: 02909 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

OFFERING HIGH QUALITY PHYSICIAN PRIMARY CARE AND PREVENTIVE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DO NOT HAVE HEALTH INSURANCE AND CANNOT AFFORD TO PURCHASE SUCH SERVICES

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Incorporator is no longer applicable; please delete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	KEVIN BICKERSTAFF	30 OXFORD ROAD CUMBERLAND, RI 02864 USA
SECRETARY	JOSEPH DESROSIERs II, PA-C	7 JOSLIN ST PROVIDENCE, RI 02911 USA
ASSISTANT SECRETARY	SUSANA TORRES	181 WHITMARSH ST PROVIDENCE, RI 02907 USA
VICE CHAIR	KAREN KENT	25 EVERETT AVE PROVIDENCE, RI 02906 USA
CHAIR	DORIS DE LOS SANTOS	61 DEWEY STREET PROVIDENCE, RI 02909 USA
DIRECTOR	ED QUINLAN	20 RIVER RUN EAST GREENWICH, RI 02818 USA
DIRECTOR	ABDUL SAIED CALVINO MD	100 CAVALIER DR EAST GREENWICH, RI 02818 USA
DIRECTOR	MICHAEL CRANE ESQ.	400 WESTMINSTER ST PROVIDENCE, RI 02903 USA
DIRECTOR	ELLEN LYNCH	40 WEB AVE #15 NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SABRINA SAEED	69 BROWN ST #3503 PROVIDENCE, RI 02912 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

ANNE DEGROOT, M.D. 292 MORRIS AVENUE PROVIDENCE , RI 02908

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

Signed this 12 Day of May, 2019 at 7:03:52 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 § 7-6.*

By ANNIE DE GROOT MD
Signature of Authorized Person

Form No. 631
Revised 09/07