



**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.** 000096407

**2. Name of Corporation** CareLink, 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

813910

**4. Corporate Address in Rhode Island**

No. and Street: 400 MASSASOIT AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

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**

INTEGRATING AND CONSOLIDATING CERTAIN NON-PATIENT CARE FUNCTIONS  
CURRENTLY UNDERTAKEN BY THE MEMBERS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
CEO	CHRIS GADEBOIS	400 MASSASOIT AVE EAST PROVIDENCE, RI 02914 USA
VICE PRESIDENT	KEVIN MCKAY	500 WATERFRON DRIVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ROBERTA MERKLE	1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA
DIRECTOR	MAUREEN BISCHOFF	1085 NORTH MAIN STREET PROVIDENCE , RI 02904 USA
DIRECTOR	LAURIE ANN OLIVEIRA	5 SAINT ELIZABETH WAY EAST GREENWICH , RI 02818 USA
DIRECTOR	KELLY LEE	225 CHAPMAN STREET PROVIDENCE , RI 02905 USA
DIRECTOR	STEVEN HOROWITZ	1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA
DIRECTOR	JULIE RICHARD	100 BORDEN STREET PROVIDENCE, RI 02903 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**

JOAN KWIATKOWSKI 225 CHAPMAN STREET PROVIDENCE , RI 02905

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

**Signed this 24 Day of May, 2019 at 1:53:09 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 CHRIS GADBOIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07