



**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. 000074579

2. Name of Corporation The Rhode Island Public Health Foundation

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

923120

4. Corporate Address in Rhode Island

No. and Street: 383 W FOUNTAIN STREET
SUITE 101

City or Town: PROVIDENCE

State: RI Zip: 02903 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 ASSIST THE RI DEPT OF HEALTH IN OBTAINING AND EXPEDITING COMPETITIVE PUBLIC HEALTH RESEARCH, DEVELOPMENT, PROJECTS.

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Incorporator is no longer applicable; please delete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	JAMES HAGERTY	23 BROAD STREET WESTERLY, RI 02891 USA
TREASURER	PETER COSTA	27 OLD CHIMNEY RD BARRINGTON, RI 02806 USA
VICE PRESIDENT	BARBARA HARRIS	248 BOWEN STREET PROVIDENCE, RI 02906 USA
EX OFFICIO	AMY NUNN	383 W FOUNTAIN STREET - SUITE 101 PROVIDENCE, RI 02903 USA
DIRECTOR	JEAN TAPLEY	100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	LEONARD GREEN MPH	3 CAPITOL HILL PROVIDENCE, RI 02908 USA
DIRECTOR	PATRICIA NOLAN PHD	BROWN UNIVERSITY, BOX G-S121-4 PROVIDENCE, RI 02912 USA
DIRECTOR	TERRIE WETLE PHD	BROWN UNIVERSITY, BOX G-S121-4 PROVIDENCE, RI 02912 USA
DIRECTOR	ANDREW ERICKSON	10 STONE RIDGE DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	CARRIE BRIDGES FELIZ	167 POINT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	KENNETH PAYNE	8 PINECREST ROAD CAROLINA, RI 02812 USA
DIRECTOR	SANDRA POWELL	3 CAPITOL HILL, RI 02908 USA
DIRECTOR	MELISSA SANZARO	100 BROAD ST PROVIDENCE, RI 02903 USA
DIRECTOR	MARK TRACY	230 ARLINGTON AVE PROVIDENCE, RI 02906 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

DON E. WINEBERG ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 28 Day of May, 2019 at 11:40:31 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 LUCY MADDOCK, MBA, CMA
Signature of Authorized Person

Form No. 631
Revised 09/07

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