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. 000030237

2. Name of Corporation RHODE ISLAND HEALTH CENTER ASSOCIATION

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: 235 PROMENADE STREET
SUITE 455
City or Town: PROVIDENCE State: RI Zip: 02908 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

PLANNING, ADVOCACY AND TECHNICAL ASSISTANCE FOR COMMUNITY HEALTH CENTERS

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Incorporator is no longer applicable; please delete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	JANE HAYWARD	235 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02908 USA
TREASURER	MERRILL THOMAS	235 PROMENADE ST PROVIDENCE, RI 02908 USA
SECRETARY	WILLIAM HOCHSTRASSER-WALSH	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	BRENDA DOWLATSHAHI	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	DENNIS ROY	235 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	JEANNE LACHANCE	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	PETER BANCROFT	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	MATTHEW MALEK MD	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	RAYMOND LAVOIE	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	MARK CLARK MD	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	DEBRA O'BRIEN	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	ALISON CROKE	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 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

JANE A. HAYWARD 235 PROMENADE STREET, SUITE 455 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 3 Day of June, 2019 at 12:01:44 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 JANE HAYWARD
Signature of Authorized Person

Form No. 631
Revised 09/07