



**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.** 001663645

**2. Name of Corporation** Rhode Island Action Coalition

**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: 55 CROMWELL STREET SUITE 3A

City or Town: PROVIDENCE

State: RI Zip: 02907 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**

TRANSFORMATION OF HEALTHCARE AND CREATE A CULTURE OF HEALTH IN RHODE ISLAND, USING THE INSTITUTE OF MEDICINE REPORT, THE FUTURE OF NURSING: LEADING CHANGE, ADVANCING HEALTH AS A BLUEPRINT FOR ACTION.

**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**Incorporator is no longer applicable; please delete**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
PRESIDENT	MARIA DUCHARME	22 STONE TOWER LANE BARRINGTON, RI 02806 USA
TREASURER	KATHLEEN SIMON	17 FIRESIDE DRIVE BARRINGTON, RI 02806 USA
VICE PRESIDENT	ANGELA PATTERSON	200 EXCHANGE ST, UNIT 1413 PROVIDENCE, RI 02903 USA
DIRECTOR	JAMES RAJOTTE	21 HIGGINS, #107 SMITHFIELD, RI 02917 USA
DIRECTOR	SUZANNE CARR	54 KIMBERLY DRIVE WEST GREENWICH, RI 02817 USA
DIRECTOR	MARIE GHAZAL	30 ALGONQUIN ROAD RUMFORD, RI 02916 USA
DIRECTOR	LYNN BLANCHETTE	226 SHADY VALLEY LANE COVENTRY, RI 02816 USA
DIRECTOR	LEIGH HUBBARD	25 RAVENSWOOD AVE 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**

MICHAEL BEAUREGARD 55 CROMWELL STREET, SUITE 3A PROVIDENCE , RI 02907

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

**Signed this 5 Day of June, 2019 at 12:11:24 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 MICHAEL BEAUREGARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07