



RI SOS Filing Number: 201996198300 Date: 6/10/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 10 2019

BY

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Annual Report for the year:

2019

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000142042		2. Exact name of the Corporation Scituate Health Alliance	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fundraising to provide primary health and dental care for residents of Scituate, RI.	
4. NAICS Code 624190			
6. Principal Office Address 35 Village Plaza Way		City N. Scituate	State RI Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John Marchant		Vice-President Name Michael Fine, MD	
Street Address 1155 Chopmist Hill Rd.		Street Address 348 Gleaner Chapel Rd.	
City N. Scituate	State RI	City N. Scituate	State RI Zip 02857
Secretary Name Skye Beachie		Treasurer Name Wendy B. Marchant	
Street Address Central Ave.		Street Address 1155 Chopmist Hill Rd.	
City N. Scituate	State RI	City N. Scituate	State RI Zip 02857
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name John Marchant		Director Name Michael Fine, MD	
Street Address 1155 Chopmist Hill Rd.		Street Address 348 Gleaner Chapel Rd.	
City N. Scituate	State RI	City N. Scituate	State RI Zip 02857
Director Name Skye Beachie		Director Name Wendy B. Marchant	
Street Address Central Ave.		Street Address 1155 Chopmist Hill Rd.	
City N. Scituate	State RI	City N. Scituate	State RI Zip 02857
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative John Marchant / President			Date 6-6-19
Signature of Officer/Authorized Representative John Marchant			SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019