



**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.** 000026630

**2. Name of Corporation** HOPE HOSPICE & PALLIATIVE CARE RHODE ISLAND

**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

**4. Corporate Address in Rhode Island**

No. and Street: 1085 NORTH MAIN STREET  
City or Town: PROVIDENCE

State: RI Zip: 02904 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**

DEVELOPING AND OPERATING A HOME AND HOSPICE CARE PROGRAM IN RHODE ISLAND

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	DIANA FRANCHITTO	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
TREASURER	STEVE SOSCIA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
SECRETARY	MARK TRACY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
CHAIR	KEITH KELLY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
VICE CHAIR	VINCE MOR	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	VINCENT MOR	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	STEPHEN SOSCIA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DEBORAH CORNWALL	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARK TRACY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	KEITH KELLY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PAUL STAJDUHAR	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	KEN ARNOLD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL DISANDRO	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	GEORGE BABCOCK	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	BARBARA COTTAM	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MAYER LEVITT	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	CHRISTOPHER MARSELLA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ELAINE MEYER	1085 NORTH MAIN STREEET PROVIDENCE, RI 02904 USA
DIRECTOR	ARTHUR ROBBINS	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DIANE FASCHING	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	NANCY ROGERS	1085 NORTH MAIN STREEET PROVIDENCE, RI 02904 USA
DIRECTOR	FRED SCHIFFMAN MD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARC HUDAK	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PETER KARCZMAR MD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	THE REVEREND JANET COOPER-	1085 NORTH MAIN STREET

	NELSON	PROVIDENCE, RI 02904 USA
DIRECTOR	RUTH FAIN	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARC GAGNON	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 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**

JEFFREY F. CHASE-LUBITZ, ESQ. ONE RICHMOND SQUARE, SUITE 165W BARRETT & SINGAL,  
P.C. PROVIDENCE , RI 02906

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

**Signed this 21 Day of June, 2019 at 8:52:52 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 DIANA FRANCHITTO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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