



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**2018**

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000102508</b>		2. Exact name of the Corporation <b>The Fishing Partnership Health Plan Corporation</b>			
3. State of Incorporation <b>MASSACHUSETTS</b>		4. Brief description of the character of business conducted in Rhode Island <b>Programs that support the health, safety and economic security of commercial fishermen and their families.</b>			
5. Principal office address <b>30 Chestnut Avenue, Suite 2</b>		City <b>Burlington</b>	State <b>MA</b>	Zip <b>01803</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>John R. Bartlett, Jr.</b>			Vice-President Name		
Street Address <b>30 Chestnut Avenue, Suite 2</b>			Street Address		
City <b>Burlington</b>	State <b>MA</b>	Zip <b>01803</b>	City	State	Zip
Secretary Name <b>Carmel Shachar</b>			Treasurer Name <b>John Freedman</b>		
Street Address <b>122 Boylston Street</b>			Street Address <b>29 Crafts Road, Suite 470</b>		
City <b>Jamaica Plain</b>	State <b>MA</b>	Zip <b>02130</b>	City <b>Newton</b>	State <b>MA</b>	Zip <b>02458</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

RECEIVED STATE  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2019 JUL -5 AM 11:20

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

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JUL 05 2019**

Signature of Officer or Authorized Representative

Date

6/29/19

BY John Bartlett, Jr.

Print or Type Name of Officer or Authorized Representative

11:22

102508

# The Fishing Partnership Health Plan Corporation

## Board of Directors

### **PRESIDENT**

JOHN R. BARTLETT, JR.  
56 ROBBINS STREET  
ACTON, MA 01720

### **CLERK**

CARMEL SHACHAR  
122 BOYLSTON STREET  
JAMAICA PLAIN, MA 02130

### **TREASURER**

JOHN FREEDMAN  
29 CRAFTS STREET SUITE 470  
NEWTON, MA 02458

## Names and Addresses of Directors:

JOHN R. BARTLETT, JR.  
56 ROBBINS STREET  
ACTON, MA 01720

GRAHAM SHALGIAN  
273 FRANKLIN STREET  
BRAINTREE, MA 02184

CARMEL SHACHAR  
122 BOYLSTON STREET  
JAMAICA PLAIN, MA 02130

ANGELA SANFILIPPO  
3 BEAUPORT AVENUE  
GLOUCESTER, MA, 01930

JAMES KENDALL  
19 WEAVER ST.,  
NEW BEDFORD, MA, 02740

STEVEN TRINGALE  
93 AVALON ROAD  
READING, MA, 01867

JOHN FREEDMAN  
29 CRAFTS STREET, SUITE 470  
NEWTON, MA 02458