



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. 000102508		2. Exact name of the Corporation The Fishing Partnership Health Plan Corporation			
3. State of Incorporation MASSACHUSETTS		4. Brief description of the character of business conducted in Rhode Island Programs that support the health, safety and economic security of commercial fishermen and their families.			
5. Principal office address 30 Chestnut Avenue, Suite 2		City Burlington	State MA	Zip 01803	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John R. Bartlett, Jr.			Vice-President Name		
Street Address 30 Chestnut Avenue, Suite 2			Street Address		
City Burlington	State MA	Zip 01803	City	State	Zip
Secretary Name Carmel Shachar			Treasurer Name John Freedman		
Street Address 122 Boylston Street			Street Address 29 Crafts Road, Suite 470		
City Jamaica Plain	State MA	Zip 02130	City Newton	State MA	Zip 02458
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST 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
 2018 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

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

FILED ✓
JUL 05 2019
 Signature of Officer or Authorized Representative: John Bartlett, Jr.
 Date: 6/29/19
 BY OBZHD
 11:22
 Print or Type Name of Officer or Authorized Representative

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