



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 24 2020

SOS IP

244276

1. Entity ID Number <b>000103420</b>		2. Exact name of the Corporation <b>TUFTS ASSOCIATED HEALTH PLANS, INC.</b>			
3. Principal Office Address <b>705 MOUNT AUBURN STREET</b>			City <b>WATERTOWN</b>	State <b>MA</b>	Zip <b>02472-1508</b>
4. NAICS Code <b>524292</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANAGEMENT COMPANY</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an 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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		1,000	COMMON	\$0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative <b>SUSAN KEE</b>				Date <b>1/17/20</b>	
Signature of Authorized Representative <i>[Signature]</i>				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

**TUFTS ASSOCIATED HEALTH PLANS, INC.  
OFFICERS**

<u>Name</u>	<u>Office</u>
Thomas A. Croswell	President and Chief Executive Officer
Greg Tranter	Board Chair
Umesh Kurpad	Senior Vice President and Chief Financial Officer
Mary O'Toole Mahoney, Esq.	Secretary, Senior Vice President, Chief Legal Officer
Roland Price	Treasurer
Susan A. Kee, Esq.	Assistant Secretary

All Officers except Greg Tranter located at:

705 Mount Auburn Street  
Watertown, MA 02472-1508

Greg Tranter  
68-4 South Quinsigamond Avenue  
Shrewsbury, MA 01545

**TUFTS ASSOCIATED HEALTH PLANS, INC.  
BOARD OF DIRECTORS**

Thomas A. Croswell

Umesh Kurpad

Mary O'Toole Mahoney, Esq.

Greg Tranter

Patricia Trebino

All Directors except Greg Tranter located at:

705 Mount Auburn Street  
Watertown, MA 02472-1508

Greg Tranter  
68-4 South Quinsigamond Avenue  
Shrewsbury, MA 01545