



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

MAY 27 2020

BY

3311
[Signature]

Annual Report for the year: **2020**

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 000103804		2. Exact name of the Corporation Occupational and Environmental Health Center of RI, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establish clinical health centers for workers and employers.			
4. NAICS Code 621999					
6. Principal Office Address 410 South Main Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Jim Riley		Vice-President Name Michael F. Sabitoni			
Street Address 38 Captain John Jacobs Road		Street Address 410 South Main Street			
City Riverside	State RI	Zip 02915	City Providence	State RI	Zip 02903
Secretary Name Jim Celenza		Treasurer Name George Nee			
Street Address 741 Westminster Street		Street Address 194 Smith Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Frank Flynn		Director Name Michael F. Sabitoni			
Street Address 356 Smith Street		Street Address 410 South Main Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02903
Director Name Patrick Crowley		Director Name			
Street Address 194 Smith Street		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
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 Mary Ellen DiMaio				Date 5/19/20	
Signature of Officer/Authorized Representative [Signature]				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