RI SOS Filing Number: 202041220700 Date: 6/1/2020 3:59:00 PM



State of Rhode Island and Providence Plantations Office of the Secretary of State

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: 2020

- 1. Corporate ID No. 000043684
- 2. Name of Corporation CareNet 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 <u>click here.</u>

NAICS Code

6

Fee: \$20.00

624190

4. Corporate Address in Rhode Island

No. and Street: 35 GREENWICH STREET

City or Town: PROVIDENCE State: RI Zip: 02907 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

EDUCATIONAL AGENCY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN WHEELER REV.	54 SUPERIOR STREET WARWICK, RI 02886 USA
SECRETARY	GAIL FRACASSA MS.	59 LACONIA ROAD CRANSTON, RI 02816 USA
VICE PRESIDENT	PAULA CARDILLO MS.	154 MOHAWK TRAIL CRANSTON, RI 02921 USA
MEDICAL DIRECTOR	KATHLEEN KOHLS MD	271 LYNCH AVENUE SOMERSET, MA 02726 USA
EXECUTIVE DIRECTOR	RACHEL NGUYEN	272 HARRINGTON AVENUE WARWICK, RI 02888 USA
TREASURER	TRISH HARRINGTON	19 WINDMILL LANE RUMFORD, RI 02916 USA
DIRECTOR	SCOTT J. ASADORIAN	583 SHORE ACRES AVENUE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	RICHARD MERINGOLO	85 CENTRAL STREET NARRAGANSETT, RI 02882 USA
DIRECTOR	JIM NOONEY	16 OCEAN RIDGE DRIVE CHARLSTOWN, RI 02813 USA
DIRECTOR	MELINDA PENNEY	90 HAZARD AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	EARL TIDD	1 BASS ROCK ROAD CAROLINA, RI 02812 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

RACHEL NGUYEN 35 GREENWICH STREET PROVIDENCE, RI 02907

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

Signed this 1 Day of June, 2020 at 4:02:40 PM 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 <u>REV. JOHN WHEELER</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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