



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

Fee: \$20.00

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.** 000074579

**2. Name of Corporation** The Rhode Island Public Health Foundation

**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 [click here](#).

NAICS Code   
923120

**4. Corporate Address in Rhode Island**

No. and Street: 383 W FOUNTAIN STREET  
SUITE 101

City or Town: PROVIDENCE State: RI Zip: 02903 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**

TO ASSIST THE RI DEPT OF HEALTH IN OBTAINING AND EXPEDITING COMPETITIVE PUBLIC HEALTH RESEARCH, DEVELOPMENT, PROJECTS.

**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**Incorporator is no longer applicable; please delete**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. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK TRACY	230 ARLINGTON AVE PROVIDENCE, RI 02906 USA
TREASURER	PETER COSTA	27 OLD CHIMNEY RD BARRINGTON, RI 02806 USA
EX OFFICIO	AMY NUNN	383 W FOUNTAIN STREET - SUITE 101 PROVIDENCE, RI 02903 USA
VICE PRESIDENT	GUILLAUME BAGAL	755 WESTMINSTER STREET, UNIT 202 PROVIDENCE, RI 02903 USA
DIRECTOR	ELIZABETH ZIMA	23 CORREIA DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	RICHARD DEFILIPPO	99 DELWAY RD EAST PROVIDENCE, RI 02902 USA
DIRECTOR	JOSEPH MOLINA FLYNN	58 SPOONER AVE WARWICK, RI 02886 USA
DIRECTOR	REBECCA WEBBER	100 EXCHANGE STREET #1405 PROVIDENCE, RI 02903 USA
DIRECTOR	JEAN TAPLEY	100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	LEONARD GREEN MPH	3 CAPITOL HILL PROVIDENCE, RI 02908 USA
DIRECTOR	TERRIE WETLE PHD	BROWN UNIVERSITY, BOX G-S121-4 PROVIDENCE, RI 02912 USA
DIRECTOR	CARRIE BRIDGES FELIZ	167 POINT STREET PROVIDENCE, RI 02903 USA
DIRECTOR	SANDRA POWELL	3 CAPITOL HILL, RI 02908 USA
DIRECTOR	MELISSA SANZARO	100 BROAD ST PROVIDENCE, RI 02903 USA
DIRECTOR	MARK TRACY	230 ARLINGTON AVE PROVIDENCE, RI 02906 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**

DON E. WINEBERG ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

**Signed this 10 Day of June, 2020 at 3:07:36 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 LUCY MADDOCK, MBA, CMA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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