



**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. 001674054

2. Name of Corporation Accessible Healthcare RI

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
923110

4. Corporate Address in Rhode Island

No. and Street: 438 EAST MAIN ROAD
SUITE 203

City or Town: MIDDLETOWN State: RI Zip: 02842 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

PROVIDE PERSONS WITH DISABILITIES WITH AN ONLINE SEARCHABLE DATABASE OF WHERE THEY CAN FIND THE ACCESSIBILITY HEALTH CARE THEY NEED ORGANIZED AS A 501C3

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	CHRIS SEMONELLI	542 WOLCOTT AVE MIDDLETOWN, RI 02842 USA
OTHER OFFICER	MICHAEL THOMBS	73 SEA FARE LANE PORTSMOUTH, RI 02871 USA
OTHER OFFICER	SUE FERRANTI	100 MOUNT VIEW DR CRANSTON, RI 02920 USA
OTHER OFFICER	MONICA M. DZIALO	37 TASHMOO WAY PAWTUCKET , RI 02861 USA
DIRECTOR	WALTER M DZIALO	526 NEWPORT AVE PAWTUCKET, RI 02861 USA
DIRECTOR	ANNETTE BOURBONNIERE	33A DEBLOIS STREET NEWPORT, RI 02840 USA
DIRECTOR	SARAH EVERHART-SKEELS	45 INDIAN RD LITTLE COMPTON , RI 02837 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**

DAVID KOOHY 438 EAST MAIN ROAD MIDDLETOWN , RI 02842

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

Signed this 26 Day of June, 2020 at 7:22:44 AM 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 CHRIS SEMONELLI
Signature of Authorized Person

Form No. 631
Revised 09/07