



**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. 001699340

2. Name of Corporation Tikkun Mobile Healthcare

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

4. Corporate Address in Rhode Island

No. and Street: 129 HAZARD AVE
City or Town: PROVIDENCE State: RI Zip: 02906 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 ELIMINATE BOTH FINANCIAL AND GEOGRAPHIC DISTANCE BARRIERS TO HIGH QUALITY LOW COMPLEXITY AND MEDIUM COMPLEXITY PROCEDURAL HEALTHCARE THROUGH THE WORK OF HIGH QUALIFIED VOLUNTEER MEDICAL STAFF IN A SOPHISTICATED FREE STANDING MOBILE SURGICAL FACILITY EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF 501C3 OF THE INTERNAL REVENUE CODE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
DIRECTOR, PRESIDENT	STEVEN N GRAFF MD	129 HAZARD AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JUDITH REMONDI	258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA
DIRECTOR	NANCY CUMMINGS MD	6351 CROSBY AVENUE INVER GROVE HEIGHTS, MN 55076 USA
DIRECTOR	JENNIFER UHRIG	183 RIFGEWAY ROAD WESTON, MA 02493 USA
DIRECTOR	MARK PELSON	359 RUMSTICK ROAD BARRINGTON, RI 02806 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**

STEVEN N. GRAFF 129 HAZARD AVENUE PROVIDENCE , RI 02906

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

Signed this 29 Day of June, 2020 at 5:59:42 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 STEVEN N. GRAFF, MD
Signature of Authorized Person

Form No. 631
Revised 09/07