



**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.** 000028216

**2. Name of Corporation** Northwest Community Health Care

**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: 36 BRIDGEWAY

P.O. BOX 312

City or Town: PASCOAG

State: RI

Zip: 02859

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**

CHARITABLE, SCIENTIFIC, LITERARY AND EDUCATIONAL

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	GERARD GOULET	215 CRESTWOOD ROAD WARWICK, RI 02886 USA
SECRETARY	DAVID FERRARA	21 GARDEN CITY DRIVE CRANSTON, RI 02920 USA
ASSISTANT SECRETARY	SARAH NOTTAGE	21 DAVID STREET CRANSTON, RI 02920 USA
DIRECTOR	CAROL SLOCUM	65 MAPLE DRIVE HARRISVILLE, RI 02830 USA
PRESIDENT	PETER BANCROFT	81 SEAWARD LANE FALL RIVER, MA 02720-
VICE PRESIDENT	DEIRDRE NORTON	45 HOOD AVENUE RUMFORD, RI 02916 USA
VICE PRESIDENT	DIANE HOPPER	54 PARKSIDE DRIVE WEST GREENWICH, RI 02817 USA
DIRECTOR	CATHERINE DAIGNAULT	644 SNAKE HILL ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	DENNIS ANDERSON	593 WHIPPLE ROAD PASCOAG, RI 02859 USA
VICE PRESIDENT	ANDREA MARCOTTE	37 MORTIN AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	CHRISTINE VALLEE	1180 DOUGLAS PIKE HARRISVILLE, RI 02830 USA
DIRECTOR	MATTHEW M. STONE	70 PINE STREET PASCOAG, RI 02859 USA
DIRECTOR	JOAN HILTON	11 BLUEBERRY LANE JOHNSTON, RI 02919 USA
DIRECTOR	SUSAN MILLIS	130 PHILLIPS ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	DAVID DEJESUS JR.	222 EDMOND DR. NO. KINGSTOWN, RI 02852 USA
DIRECTOR	DARYA KRAVITZ	211 KNIBB ROAD PASCOAG, RI 02859 USA
DIRECTOR	CRYSTAL LEDDY	98 ORCHARD MEADOWS DR. SMITHFIELD, RI 02917 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**

PETER BANCROFT 36 BRIDGEWAY P.O. BOX 312 PASCOAG , RI 02859

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

**Signed this 30 Day of June, 2020 at 9:34:04 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 DIANE HOPPER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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