



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000046181

**2. Name of Corporation** Health Management Initiatives, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 363 HIGHLAND AVENUE

City or Town: FALL RIVER

State: MA

Zip: 02720

Country: USA

**4. Business Phone No.**

5089735253

**5. State of Incorporation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

541618

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO MANAGE AND PROVIDE SERVICES TO VARIOUS TYPES OF HEALTHCARE PROVIDERS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
PRESIDENT	KEITH HOVAN	316 MARYS POND ROAD ROCHESTER, MA 02770 USA

TREASURER	WADE BROUGHMAN	25 BENJAMIN TRIPP ROAD WESTPORT, MA 02790 USA
ASSISTANT CLERK	RENEE CLARK	FIVE BLUEBERRY LANE MILLIS, MA 02054 USA
EX-OFFICIO	KEITH HOVAN	316 MARYPOND ROAD ROCHESTER, MA 02770 USA
DIRECTOR	W. HUGH M. MORTON	1480 DRIFT ROAD WESTPORT, MA 02790 USA
CLERK	JAMES JEROME COOGAN	16 ANAWAN ROAD MATTAPOISETT, MA 02739 USA
DIRECTOR	JONATHAN L ROUNDS	15 HIGH STREET SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	JAY S SCHACHNE MD	6 PIERCE COURT BARRINGTON, RI 02806 USA
DIRECTOR	CARMEN F SYLVESTER	49 CAROLYN COURT SWANSEA, MA 02777 USA
DIRECTOR	JAMES JEROME COOGAN	16 ANAWAN ROAD MATTAPOISETT, MA 02739 USA
DIRECTOR	JASON RUA	24 KYLE JACOB ROAD NORTH DARTMOUTH, MA 02747 USA
DIRECTOR	HELENA DASILVA HUGHES	9 TRACEY STREET ACUSHNET, MA 02743 USA
DIRECTOR	HEIDI A KOSIN	167 CROSS NECK ROAD MARION, MA 02738 USA
DIRECTOR	LOUIS CABRAL	304 CHURCH POND DRIVE TIVERTON, RI 02878 USA
DIRECTOR	DENNIS J FUSCO	2 PRINCE SNOW CIRCLE MATTAPOISETT, MA 02739 USA
DIRECTOR	DONALD G. GIUMETTI	10 PRINCE SNOW CIRCLE MATTAPOISETT, MA 02739 USA
DIRECTOR	SALMAN BASHIR MD	305 GREENWICH AVENUE WARWICK, RI 02886 USA
DIRECTOR	ELIZABETH HUIDEKOPER	7 TERN LANE DARTMOUTH, MA 02748 USA
DIRECTOR	CHRISTOPHER M HODGSON	165 ROCK O DUNDEE ROAD SOUTH DARTMOUTH, MA 02748 USA
DIRECTOR	JAMES B WITKOWSKI MD	81 MCBRIDE DRIVE PORTSMOUTH, RI 02871 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	300,000.00	100

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 5 Day of January, 2021 at 8:43:55 AM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KEITH HOVAN

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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