



**State of Rhode Island  
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.** 000154614

**2. Name of Corporation** Rhode Island Business Group on Health, Inc.

**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   
813910

**4. Corporate Address in Rhode Island**

No. and Street: 951 NORTH MAIN STREET  
C/O KLR

City or Town: PROVIDENCE State: RI Zip: 02940 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**

A BUSINESS COALITION TO PROMOTE A BETTER HEALTHCARE DELIVERY SYSTEM FOR ALL RHODE ISLANDERS

**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**Incorporator is no longer applicable; please delete**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	JIM BERSON	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
TREASURER	SANDY ROSS	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	KATE KENNEDY	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PAUL RICHARDS	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DONALD NOKES	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	JOANNE BILOTTA	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	LINN FREEDMAN, ESQ.	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	SCOTT BOYD	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PATRICIA CALLAHAN FAY	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ELLIS WALDMAN	C/O KLR, 951 NORTH MAIN STREET PROVIDENCE, RI 02904 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**

LINN F. FREEDMAN, ESQ. ROBINSON & COLE LLP ONE FINANCIAL PLAZA, SUITE 1430  
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 22 Day of January, 2021 at 9:02:41 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 SANDY ROSS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

