



**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: 2021

1. Corporate ID No. 000030237

2. Name of Corporation RHODE ISLAND HEALTH CENTER ASSOCIATION

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. Principal Office Address

No. and Street: 235 PROMENADE STREET
SUITE 455

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 235 PROMENADE ST

City or Town: PROVIDENCE State: RI Zip: 02908 Country: UNI

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PLANNING, ADVOCACY AND TECHNICAL ASSISTANCE FOR COMMUNITY HEALTH CENTERS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island

Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JANE HAYWARD	235 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02908 USA
TREASURER	RAYMOND LAVOIE	235 PROMENADE ST PROVIDENCE, RI 02908 USA
SECRETARY	BRENDA DOWLATSHAH STOUT	235 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02908 USA
VICE PRESIDENT	WILLIAM HOCHSTRASSER-WALSH STOUT	235 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	ALISON CROKE	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	DENNIS ROY	235 PROMENADE STREET, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	JEANNE LACHANCE	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	PETER BANCROFT	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	MERRILL THOMAS	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	TIFFNEY DAVIDSON PARKER	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	THOMAS WARCUP DO	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	SARAH FESSLER MD	235 PROMENADE ST PROVIDENCE, RI 02908 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JANE A. HAYWARD 235 PROMENADE STREET, SUITE 455 PROVIDENCE , RI 02908

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

Signed this 7 Day of June, 2021 at 12:39:37 PM 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 GAIL STOUT
Signature of Authorized Person

Form No. 631
Revised 09/07

