



**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. 000114549

2. Name of Corporation Neighborhood Health Plan of Rhode Island

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. Principal Office Address

No. and Street: 910 DOUGLAS PIKE
City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

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

HEALTH MAINTENANCE ORGANIZATION

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER MARINO	910 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
SECRETARY	KEITH OLIVEIRA	63 ROANOKE STREET PROVIDENCE, RI 02908 USA
CHAIR	BRENDA DOWLATSHAHI	1126 HARTFORD AVE JOHNSTON, RI 02919 USA
VICE CHAIR	ALISON CROKE	823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	JEANNE LACHANCE	5 TIMBER LANE EXETER, RI 02822 USA
TREASURER	MERRILL THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	PABLO RODRIGUEZ M.D.	407 EAST AVE-STE 150 PAWTUCKET, RI 02860 USA
DIRECTOR	PATRICIA MARTINEZ	142 OAKLAND AVENUE DARLINGTON, RI 02861 USA
DIRECTOR	PETER BANCROFT	36 BRIDGEWAY PASCOAG, RI 02859 USA
DIRECTOR	LISA A RANGLIN	THREE REGENCY PLAZA, STE 3 EAST PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM HOCHSTRASSER-WALSH	311 DORIC AVENUE CRANSTON, RI 02910 USA
DIRECTOR	DENNIS ROY	100 BULLOCKS POINT AVENUE RIVERSIDE, RI 02905 USA
DIRECTOR	JANE HAYWARD	235 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	RICHARD BESDINE M.D.	121 SOUTH MAIN STREET PROVIDENCE, RI 02912 USA
DIRECTOR	RAYMOND LAVOIE	39 EAST AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	GARY FURTADO	1005 DOUGLAS PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	DANIEL DAPONTE	197 WARREN AVE, STE 203 EAST PROVIDENCE, RI 02914 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**

DON E. WINEBERG, ESQ. ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

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

Signed this 11 Day of June, 2021 at 4:08:20 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 PETER M. MARINO
Signature of Authorized Person

Form No. 631
Revised 09/07

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