



**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. 001662864

2. Name of Corporation Integrated Healthcare Partners

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: P. O. BOX 16261
10 NEWMAN AVENUE
City or Town: RUMFORD State: RI Zip: 02916 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

TO ACT ON BEHALF OF PARTICIPATING HEALTH CARE PROVIDERS TO ENTER INTO SHARED SAVINGS AND OTHER INNOVATIVE FINANCING ARRANGEMENTS TO IMPROVE PATIENT HEALTH AND REDUCE THE OVERALL TOTAL COST OF CARE FOR PUBLICLY AND PRIVATELY FUNDED POPULATIONS. THE CORPORATION IS ALSO ORGANIZED EXCLUSIVELY TO SUPPORT THE MISSIONS OF EAST BAY COMMUNITY ACTION PROGRAM, THUNDERMIST HEALTH CENTER, COMPREHENSIVE COMMUNITY

ACTION PROGRAM, NORTHWEST COMMUNITY HEALTH CARE D/B/A WELLONE, TRI-COUNTY COMMUNITY ACTION AGENCY AND WOOD RIVER HEALTH SERVICES, INC., EACH OF WHICH IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT IS EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AS WELL AS SUPPORTING OTHER TAX-EXEMPT HEALTH CARE PROVIDERS IN RHODE ISLAND THAT BECOME MEMBERS OF THE CORPORATION AND PARTICIPATE IN THE CORPORATION'S PROGRAMS TO IMPROVE PATIENT HEALTH AND REDUCE HEALTH CARE COSTS.

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
TREASURER	PETER J BANCROFT	36 BRIDGE WAY PASCOAG, RI 02895 USA
SECRETARY	JOANNE MCGUNAGLE	311 DORIC AVE CRASNTON, RI 02910 USA
DIRECTOR	DENNIS ROY	19 BROADWAY NEWPORT, RI 02840 USA
DIRECTOR	JEANNE LACHANCE	171SERVICE AVENUE, BUILDING #2 WARWICK, RI 02886 USA
DIRECTOR	DAVID BOURASSA MD	171SERVICE AVENUE, BUILDING #2 WARWICK, RI 02886 USA
DIRECTOR	ALISON CROKE	823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	BRENDA DOWLATSHAHI	1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	DANIEL KUBAS-MEYER	2756 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	JAMES LEHANE	127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	BENEDICT LESSING JR.	800 CLINTON STREET WOONSOCKET, RI 02895 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 CHACE RUTTENBERG & FREEDMAN, LLP 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 21 Day of June, 2021 at 8:44:06 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 REBECCA PLONSKY

Signature of Authorized Person

Form No. 631
Revised 09/07

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