

**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.** 000028183**2. Name of Corporation** The Providence Community Health Centers, 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

813212**4. Principal Office Address**No. and Street: 375 ALLENS AVENUECity or Town: PROVIDENCEState: RIZip: 02905Country: USA**5. Foreign Corporation. Enter Principal Office Address**No. and Street: 375 ALLENS AVECity or Town: PROVIDENCEState: RIZip: 02905Country: UNI**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**HEALTH CARE**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	MERRILL R THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
TREASURER	AMBER AUBIN	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
SECRETARY	CASSANDRA L. FEENEY	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VICE PRESIDENT	ANDREW SAAL	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CIO	JAY DECOSTA	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
CTO	KIMBERLY O'CONNELL	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CFO	KEVIN CABRAL	375 ALLENS AVE PROVIDENCE, RI 02905 USA
BOARD VICE CHAIR	CARL BROWN	375 ALLENS AVE PROVIDENCE, RI 02905 USA
DIRECTOR	PATRICIA CHIVERS	375 ALLENS AVE PROVIDENCE, RI 02905 USA
BOARD CHAIR	ELENA NICOLELLA	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CHRO	CHERYL PERRY	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	WENDY THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	CHRISTINA ZANFAGNA	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	DR. LUISA F. CALACALA	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MARY FRANCIS BISHOP	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MICHELLE ROSARIO	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	EMILLIAN EQBUCHE	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MICHAEL CANCELLIERE	375 ALLENS AVENUE PROVIDENCE, RI 02905 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

MERRILL R. THOMAS 375 ALLENS AVENUE PROVIDENCE , RI 02905

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

Signed this 28 Day of June, 2021 at 5:37:28 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 MERRILL R. THOMAS
Signature of Authorized Person

Form No. 631
Revised 09/07

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