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. 000712142

2. Name of Corporation HopeHealth

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

621610

4. Principal Office Address

No. and Street: 1085 NORTH MAIN STREET
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1085 NORTH MAIN STREET

City or Town: PROVIDENCE State: RI Zip: 02904 Country: UNI

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

TO SUPPORT AND BENEFIT HOME & HOSPICE CARE OF RHODE ISLAND AND VISITING NURSE SERVICE OF GREATER RHODE ISLAND

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	DIANA FRANCHITTO	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
SECRETARY	MARK TRACY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
CHAIR	KEITH KELLY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	FRED SCHIFFMAN MD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PAUL STAJDUHAR	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	RUTH FAIN	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DIANE FASCHING	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARC GAGNON	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PETER KARCZMAR MD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	CHRISTOPHER MARSELLA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
TREASURER	STEPHEN SOSCIA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARK TRACY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	KEITH KELLY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	NANCY ROGERS	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL DISANDRO	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	GEORGE BABCOCK	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
VICE CHAIR	VINCENT MOR PHD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	KEN ARNOLD ESQ	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MAYER LEVITT DMD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ELAINE MEYER PHD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	VINCENT MOR PHD	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	THE REVEREND JANET COOPER-NELSON	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ARTHUR ROBBINS	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	BARBARA COTTAM	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	STEPHEN SOSCIA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARC HUDAK	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA

DIRECTOR	DEBORAH CORNWALL	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	THERESA MOORE	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 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

JEFFREY F. CHASE-LUBITZ, ESQ. ONE RICHMOND SQUARE, SUITE 165W BARRETT & SINGAL, P.C. PROVIDENCE , RI 02906

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

Signed this 29 Day of June, 2021 at 9:08:40 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 JEFFREY F CHASE-LUBITZ
Signature of Authorized Person

Form No. 631
Revised 09/07