



**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. 000102746

2. Name of Corporation The Rhode Island Free Clinic, 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

4. Principal Office Address

No. and Street: 655 BROAD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

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

OFFERING HIGH QUALITY PHYSICIAN PRIMARY CARE AND PREVENTATIVE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DO NOT HAVE HEALTH INSURANCE OR CANNOT AFFORD TO PURCHASE SUCH SERVICES.

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	WILLIAM FITZGERALD	AMICA MUTUAL INSURANCE COMPANY, 100 AMICA WAY LINCOLN, RI 02903 USA
TREASURER	DOMENIC DELMONICO	TUFTS HEALTH PLAN, 1 EXCHANGE STREET PROVIDENCE, RI 02903 USA
SECRETARY	JEFFREY F. CHASE- LUBITZ	ONE RICHMOND SQ., SUITE 165W PROVIDENCE, RI 02906 USA
VICE PRESIDENT	CARRIE BRIDGES FELIZ MPH	LIFESPAN, 335R PRAIRIE AVENUE, SUITE 2B PROVIDENCE, RI 02905 USA
DIRECTOR	JERRY FINGERUT M.D.	HAZARD BUILDING, 74 WEST ROAD, SECOND FLOOR CRANSTON, RI 02920 USA
DIRECTOR	JEHANNE BJORNEBYE	CVS HEALTH, ONE CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	HERBERT RAKATANSKY MD, FACG	WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY PROVIDENCE, RI 02903 USA
DIRECTOR	DR. PHILIP R. RIZZUTO	120 DUDLEY ST., SUITE 301 PROVIDENCE, RI 02905 USA
DIRECTOR	MARIE GHAZAL	RHODE ISLAND FREE CLINIC, 655 BROAD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	CAROLINE TROISE MD	ANCHOR MECICAL ASSOCIATES, ONE HOPPIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ANDREW W. DAVIS	101 DYER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	WHITNEY CLARKE	655 BROAD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	WILLIAM FITZGERALD	AMICA MUTUAL INSURANCE COMPANY, 100 AMICA WAY LINCOLN, RI 02865 USA
DIRECTOR	JEFFREY F. CHASE- LUBITZ	ONE RICHMOND SQ., SUITE 165W PROVIDENCE, RI 02906 USA
DIRECTOR	MICHELE LEDERBERG	BLUE CROSS & BLUE SHIELD OF RI, 500 EXCHANGE ST. PROVIDENCE, RI 02903 USA
DIRECTOR	MARK GIM	WASHINGTON TRUST, 23 BROAD STREET WESTERLY, RI 02891 USA
DIRECTOR	DOMENIC DELMONICO	TUFTS HEALTH PLAN, 1 EXCHANGE STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JOSEPH PERRONI	DELTA DENTAL OF RI, 10 CHARLES ST. PROVIDENCE, RI 02904 USA
DIRECTOR	GEORGE GREER	SHEELY & PARTNERS WEALTH MANAGEMENT, 100 WESTMINSTER ST PROVIDENCE, RI 02903 USA
DIRECTOR	LOREE B. DUBOIS	KLR, 951 NORTH MAIN ST. 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

ANDREW W. DAVIS, ESQ. 101 DYER STREET 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 30 Day of June, 2021 at 11:26:46 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 MARIE GHAZAL
Signature of Authorized Person

Form No. 631
Revised 09/07

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