	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				
HOPE	(401) 222-3040				
Non-Profit Corp Annual Report Filing Period: June 1					
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. 001716228					
2. Name of Corporation THE RHODE ISLAND FREE CLINIC REALTY CORPORATION					
3. State of Incorporation					
State: <u>RI</u>	State: <u>RI</u>				
assistance with sel	en selection. If the NAICS Code is known, enter it into the box on the righ ecting a classification <u>click here.</u>				
<u>813219</u>					
4. Principal Office Address					
No. and Street:	<u>655 BROAD STREET</u>				
City or Town:	PROVIDENCE State: <u>RI</u> Zip: <u>02903</u> Co	untry: <u>USA</u>			
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					
THE RHODE ISLAND FREE CLINIC REALTY CORPORATION (THE "CORPORATION") IS ORGANIZED AS A WHOLLY CONTROLLED TITLE HOLDING CORPORATION DESCRIBED					
IN SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, FOR					
<u>THE</u> FXCLUSIVE PUI	<u>THE</u> EXCLUSIVE PURPOSE OF HOLDING TITLE TO PROPERTY FOR THE BENEFIT OF THE				
RHODE					

ISLAND FREE CLINIC, INC. (THE "RHODE ISLAND FREE CLINIC"), AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, COLLECTING INCOME THEREFROM AND TURNING OVER THE ENTIRE AMOUNT THEREOF, LESS THE EXPENSES, TO THE RHODE ISLAND FREE CLINIC.

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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
INCORPORATOR	ANDREW W. DAVIS ESQ.	101 DYER STREET, SECOND FLOOR PROVIDENCE, RI 02903 USA
DIRECTOR	WILLIAM FITZGERALD	655 BROAD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	DOMENIC DELMONICO	655 BROAD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	MARIE GHAZAL	655 BROAD STREET PROVIDENCE, RI 02907 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 SECOND FLOOR 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 11:52:46 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 ANDREW W. DAVIS, ESQ.

Signature of Authorized Person

Form No. 631 Revised 09/07

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