



**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.** 000085059

**2. Name of Corporation** National Hospice Work Group, 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: C/O SUMMIT HEALTH LAW PARTNERS, P.C.  
ONE RICHMOND SQUARE, SUITE 165W

City or Town: PROVIDENCE State: RI Zip: 02906 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 ADVANCE THE PRACTICE OF HOSPICE AND PALLIATIVE 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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
CEO	TOM KOUTSOUMPAS	900 16TH STREET NW, SUITE 400 WASHINGTON, DC 20006 USA
DIRECTOR	PATTI MOORE RN, MSN	THE WATERSHED GROUP, 5745 SW 75TH STREET, #323 GAINESVILLE, FL 32608 USA
PRESIDENT	CAROLE FISHER	900 16TH STREET NW, SUITE 400 WASHINGTON, DC 20006 USA
CHAIR	SAMIRA BECKWITH LCSW, FACH	HOPE HEALTHCARE, 9470 HEALTH PARK CIRCLE FORT MEYERS, FL 33908 USA
VICE CHAIR	DIANA FRANCHITTO MBA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
SECRETARY	DEBBIE SHUMWAY	HOSPICE OF THE VALLEY 1510 E. FLOWER STREET PHOENIX, AZ 85014 USA
TREASURER	MARY ANN BROCCOLINI	FIVE EYES DRIVE. STE 130 MARLTON, NJ 08053 USA
DIRECTOR	DAVID COOK	CAROLINA CARING, 3975 ROBINSON ROAD NEWTON, NC 28658 USA
DIRECTOR	ANDREW MOLOSKY MBA, CHPCA	12470 TELECOM DRIVE, STE 300 TEMPLE TERRACE, FL 33637 USA
DIRECTOR	CHUCK LEE	CORNERSTONE HEALTH SERVICES, 2445 LANE PARK ROAD TAVARES, FL 32778 USA
DIRECTOR	BILL FINN MBA	HOSPICE OF THE WESTERN RESERVE, 17876 ST. CLAIR AVENUE CLEVELAND, OH 44110 USA
DIRECTOR	KAREN RUBEL	NATHAN ADELSON HOSPICE, 4141 UNIVERSITY CENTER DRIVE LAS VEGAS, NV 89119 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 30 Day of June, 2021 at 4:18:48 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