



**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

**Foreign Non-Profit
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. 001672676

2. Name of Corporation Northeast Medical Group, Inc.

3. State of Incorporation

State: CT

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: 99 HAWLEY LANE
City or Town: STRAFORD State: CT Zip: 06614 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

THE NATURE OF THE ACTIVITES TO BE CONDUCTED AND THE PURPOSES TO BE PROMOTED OR CARRIED BY THE CORPORATION SHALL BE EXCLUSIVELY CHARITABLE SCIENTIFIC AND EDUCATIONAL WITHING THE MEANING OF 501C3

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PRATHIBA VAEKEY	99 HAWLEY LANE STRAFORD, CT 06614 USA
TREASURER	KEITH TANDLER	ATTN: LEGAL DEPT, 789 HOWARD AVE NEW HAVEN, CT 06519 USA
SECRETARY	CHRISTOPHER O'CONNOR	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	PATRICK GREEN	365 MONTAUK AVENUE NEW LONDON, CT 06320 USA
DIRECTOR	JOHN E. SCHMELZER	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	ELLIOT SUSSMAN SR.	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	MAHFUZ HOG MD	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	PAULA SANTRACH MD	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	NICHOLAS BERTINI	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	GARY DESIRE MD	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	STEPHANIE SPANGLER MD	99 HAWLEY LANE STRAFORD, CT 06614 USA
DIRECTOR	PETER SCHULAM MD	99 HAWLEY LANE STRAFORD, CT 06614 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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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 6:41:49 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 PRATHIBA VAEKEY
Signature of Authorized Person

Form No. 631
Revised 09/07

