



**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. 000030230

2. Name of Corporation Rhode Island Health Care Association

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: 57 KILVERT STREET, SUITE 200

City or Town: WARWICK

State: RI Zip: 02886 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

REPRESENTING THE NURSING HOME INDUSTRY IN R.I.

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	SCOTT FRASER	57 KILVERT STREET, SUITE 200 WARWICK, RI 02886 USA
TREASURER	JOSH GELLIS	239 LEGRIS AVE. WEST WARWICK, RI 02893 USA
SECRETARY	TREVOR KINNEY	825 SWAMP ROAD COVENTRY , CT 06238 USA
BOARD CHAIR	TRACIE AREL	25 ROBERTS WAY NORTH KINGSTOWN ` , RI 02852 USA
FIRST VICE CHAIR	KELLY ARNOLD	359 BROAD STREET PROVIDENCE , RI 02907 USA
SECOND VICE CHAIR	AKSHAY TALWAR	49 OLD POCASSET ROAD JOHNSTON, RI 02919 USA
DIRECTOR	RICK MIGA	4000 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	ANGELO ROTELLA	455 DOUGLAS AVE PROVIDENCE, RI 02908 USA
DIRECTOR	KAREN LALLY	100 RANDALL STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MICHAEL MCMAHON	83 CORONA STREET WARWICK, RI 02886 USA
DIRECTOR	SHERI PIZZI	ONE FINANCIAL PLAZA, 18TH FLOOR PROVIDENCE, RI 02903 USA
DIRECTOR	JOAN WOODS	600 VALLEY ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	SHAUN COURNOYER	303 RHODES AVENUE WOONSOCKET, RI 02895 USA
DIRECTOR	JASON CHOPOORIAN	104 CLAY STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	ELIZABETH DAROSA	109 WEST SHORE ROAD WARWICK , RI 02889 USA
DIRECTOR	MARK LESCAULT	54 BARKER AVENUE WARREN , RI 02885 USA
DIRECTOR	ARMANI SEPE	10 WOODLAND DRIVE COVENTRY , RI 02816 USA
DIRECTOR	LORE STAFFORD	239 LEGRIS AVENUE WEST WARWICK , RI 02893 USA
DIRECTOR	LINDA WHEELER-OMIUNU	4 JOSEPH STREET WOONSOCKET , RI 02895 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

SCOTT FRASER 57 KILVERT STREET, SUITE 200 WARWICK , RI 02886

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

Signed this 1 Day of July, 2021 at 2:43:59 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 SCOTT FRASER
Signature of Authorized Person

Form No. 631
Revised 09/07

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