

**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.** 000096407**2. Name of Corporation** CareLink, 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

813910**4. Principal Office Address**No. and Street: 400 MASSASOIT AVENUECity or Town: EAST PROVIDENCEState: RIZip: 02914Country: USA**5. Foreign Corporation. Enter Principal Office Address**No. and Street: 400 MASSASOIT AVECity or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: UNI**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**INTEGRATING AND CONSOLIDATING CERTAIN NON-PATIENT CARE FUNCTIONS
CURRENTLY UNDERTAKEN BY THE MEMBERS.**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	KEVIN MCKAY	500 WATERFRONT DRIVE EAST PROVIDENCE, RI 02914 USA
CEO	CHRIS GADEBOIS	400 MASSASOIT AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	COLETTE SILVERMAN	1811 BROAD ST. PROVIDENCE, RI 02905 USA
CFO & COO	ROB DISTEFANO	400 MASSASOIT AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ROBERTA MERKLE	1 SAINT ELIZABETH WAY EAST GREENWICH , RI 02886 USA
DIRECTOR	MAUREEN BISCHOFF	1085 NORTH MAIN STREET PROVIDENCE , RI 02904 USA
DIRECTOR	LAURIE ANN OLIVEIRA	5 SAINT ELIZABETH WAY EAST GREENWICH , RI 02818 USA
DIRECTOR	JULIE RICHARD	100 BORDEN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MATTHEW TRIMBLE	1 SAINT ELIZABETH WAY EAST GREENWICH, RI 02886 USA
DIRECTOR	DIANA FRANCHITTO	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DEB PUTNAM	10 RHODES AVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MARY BETH DAIGNEAULT	309 SPRING STREET NEWPORT, RI 02840 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

CHRIS GADBOIS 400 MASSASOIT AVENUE EAST PROVIDENCE , RI 02914

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

Signed this 23 Day of July, 2021 at 3:51:45 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 ROBERT DISTEFANO
Signature of Authorized Person

Form No. 631
Revised 09/07