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. 000184486

2. Name of Corporation Clinica Esperanza/Hope Clinic

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

813212

4. Principal Office Address

No. and Street: 60 VALLEY ST
104

City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

OFFERING HIGH QUALITY PHYSICIAN PRIMARY CARE AND PREVENTIVE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DO NOT HAVE HEALTH INSURANCE AND CANNOT AFFORD TO PURCHASE SUCH SERVICES

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	JOSEPH DESROSIERS II PA-C	712 PUTNAM PIKE CHEPACHET, RI 02814 USA
TREASURER	CATHY CURTIN MILLER	60 VALLEY ST STE 104 PROVIDENCE, RI 02909 USA
VICE PRESIDENT	PABLO RODRIGUEZ MD	60 VALLEY ST STE 104 PROVIDENCE, RI 02909 USA
ASSISTANT SECRETARY	SUSANA TORRES	181 WHITMARSH ST PROVIDENCE, RI 02907 USA
DIRECTOR	ALISHIA ZYER PA-C	60 VALLEY ST STE 104 PROVIDENCE, RI 02909 USA
DIRECTOR	EDWARD QUINLAN MD	60 VALLEY ST STE 104 PROVIDENCE, RI 02909 USA
DIRECTOR	CHRISSY HOBBS JD	60 VALLEY ST STE 104 PROVIDENCE, RI 02909 USA
DIRECTOR	VICTORIA KOENIGSBERGER	60 VALLEY ST STE 104 PROVIDENCE, RI 02909 USA
DIRECTOR	MANUELA RAPOSO	60 VALLEY ST STE 104 PROVIDENCE, RI 02909 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

ANNE DEGROOT, M.D. 292 MORRIS AVENUE PROVIDENCE , RI 02908

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

Signed this 18 Day of November, 2021 at 12:45:20 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 MORGAN LEONARD
Signature of Authorized Person

Form No. 631
Revised 09/07

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