



**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: February 1 - May 1*

*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:** 2023

**1. Corporate ID No.** 000086707

**2. Name of Corporation** Healthcentric Advisors, 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

541618

**4. Principal Office Address**

No. and Street: 235 PROMENADE STREET, SUITE 500

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

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

PROMOTION OF EXCELLENCE IN HEALTHCARE AND COST-EFFECTIVE  
MANAGEMENT OF HEALTHCARE DELIVERY SYSTEMS.

**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	H. JOHN KEIMIG MHA, FACHE	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	G. ALAN KUROSE, M.D., MBA	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	PAULA A. PARKER	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
SECRETARY	DONNA HUNTLEY-NEWBY PHD, RN	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
CHAIR	STEPHEN J. KOGUT PHD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
VICE CHAIR	MATTHEW R. TRIMBLE CNHA	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	GUS MANOCCHIA, M.D.	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	HUGH HALL	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
TREASURER	CLAIRE M. IACOBUCCI CPA	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	ALLYSON VENTURA-TESILLO	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	NEAL J. GALINKO M.D., MS	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	THOMAS J. IZZO, BOARD CHAIR	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	PAUL F. MCKENNEY, M.D.	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 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**

SERGIO ALVES 235 PROMENADE ST, SUITE 500 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 19 Day of January, 2023 at 1:08:51 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 H. JOHN KEIMIG MHA, FACHE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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