



**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: 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.** 001681770

**2. Name of Corporation** Tufts Associated Health Maintenance Organization, Inc.

**3. State of Incorporation**

State: MA

**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  
524114

**4. Principal Office Address**

No. and Street: 1 WELLNESS WAY  
City or Town: CANTON State: MA Zip: 02021 Country: USA

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

HEALTH MAINTENANCE ORGANIZATION

**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	CAIN HAYES	1 WELLNESS WAY CANTON, MA 02021 USA
TREASURER	ROLAND PRICE	1 WELLNESS WAY CANTON, MA 02021 USA
SECRETARY	TISA HUGHES	1 WELLNESS WAY CANTON, MA 02021 USA
CEO	CAIN HAYES	1 WELLNESS WAY CANTON, MA 02021 USA
CFO	UMESH KURPAD	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	CAIN HAYES	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	EILEEN AUEEN	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	MICHAEL MCCOLGAN	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	MYECHIA MINTER-JORDAN, MD	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	JOYCE MURPHY	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	RAYMOND PAWLICKI	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	MICHAEL SHEA	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	GREG TRANTER	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	HEDWIG VEITH WHITNEY	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	TODD WHITBECK	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	GREG SHELL	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	IRINA SIMMONS	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	BERTRAM SCOTT	1 WELLNESS WAY CANTON, MA 02021 USA
DIRECTOR	PETER SLAVIN MD	1WELLNESS WAY CANTON, MA 02021 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A 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 20 Day of January, 2023 at 9:57:05 AM 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 ROLAND PRICE

Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved