



**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. 001742228

2. Name of Corporation The Foundation for Integrated Care

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

624190

4. Principal Office Address

No. and Street: 1045 WARWICK AVENUE

SUITE 101

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

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

THE MISSION OF THE FOUNDATION FOR INTEGRATED CARE (FIC) IS TO SUPPORT THE CONTINUING INTEGRATION OF BEHAVIORAL HEALTH AND PRIMARY CARE IN RHODE ISLAND. AS IBH INTEGRATION AND REVERSE INTEGRATION CONTINUE TO GROW, FIC COLLABORATES WITH IBH CONTENT EXPERTS, LEARNERS, BEHAVIORAL HEALTH PROVIDERS, AND PRIMARY CARE TEAMS TO EVALUATE STAFF AND IMPLEMENT IBH AT THE PRACTICE LEVEL. ULTIMATELY, THE GOAL IS REDUCING BARRIERS TO EFFECTIVE, SUSTAINABLE, HIGH-QUALITY,

COMPREHENSIVE, AND TRULY INTEGRATED BEHAVIORAL HEALTH CARE.

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
INCORPORATOR	KRISTIN DAVID	1045 WARWICK AVENUE WARWICK, RI 02888 US
DIRECTOR	KRISTIN DAVID	1045 WARWICK AVENUE WARWICK, RI 02888 US
DIRECTOR	SARAH FERSZT	50 FERNCREST AVENUE CRANSTON, RI 02905 US
DIRECTOR	KIMBERLY RODERICK	40 JACOB PERRY DRIVE CHARLESTOWN, RI 02813 US

**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**

KRISTIN DAVID 1045 WARWICK AVENUE WARWICK , RI 02888

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

Signed this 31 Day of January, 2023 at 2:27:17 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 SARAH E FERSZT
Signature of Authorized Person

Form No. 631
Revised 09/07

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