



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Non-Profit Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

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 R.I. DEPT. OF STATE  
 BUSINESS SERVICES DIVISION

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1. Entity ID Number <b>001663645</b>		2. Exact name of the Corporation <b>Rhode Island Action Coalition</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>TRANSFORMATION OF HEALTHCARE AND CREATE A CULTURE OF HEALTH IN RHODE ISLAND.</b>			
4. NAICS Code <b>813212 - Voluntary Health Organi</b>					
6. Principal Office Address <b>55 CROMWELL STREET SUITE 3A</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIA DUCHARME</b>			Vice-President Name <b>ANGELA PATTERSON</b>		
Street Address <b>22 STONE TOWER LANE</b>			Street Address <b>200 Exchange Street, Unit 1413</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name			Treasurer Name <b>Kathleen Simon</b>		
Street Address			Street Address <b>17 Fireside Drive</b>		
City	State	Zip	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MARIE GHAZAL</b>			Director Name <b>LYNN BLANCHETTE</b>		
Street Address <b>30 ALGONQUIN ROAD</b>			Street Address <b>226 SHADY VALLEY LANE</b>		
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Director Name <b>LEIGH HUBBARD</b>			Director Name		
Street Address <b>25 RAVENSWOOD AVE</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Michael Beauregard</b>				Date <b>1/31/2023</b>	
Signature of Officer/Authorized Representative 					

**FILED**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FEB 03 2023**

BY ML TYGII  
 1:52