



**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. 000029031

2. Name of Corporation HOPEHEALTH VISITING NURSE

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

621610

4. Principal Office Address

No. and Street: 6 BLACKSTONE VALLEY PLACE, SUITE

515

City or Town: LINCOLN

State: RI Zip: 02865 Country: USA

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

TO PROVIDE HOME CARE, HOSPICE AND HEALTH SERVICES TO INDIVIDUALS, FAMILIES AND OTHERS

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	DIANA FRANCHITTO	6 BLACKSTONE VALLEY PLACE SUITE 515 LINCOLN, RI 02865 USA
CHAIRMAN	VINCENT MOR, PH.D.	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
VICE CHAIRMAN	MARK TRACY	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
IMMEDIATE PAST CHAIRMAN	KEITH KELLY	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
SECRETARY	CARIE BAILEY	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
TREASURER	MICHAEL DISANDRO	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	KENNETH ARNOLD	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	GEORGE BABCOCK	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	JEFFREY BRADLEY	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	KWAME DAPAAH-AFRIYIE, M.D.	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	SUSAN DESANTO-MADEYA	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	RUTH FAIN	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	DIANA FRANCHITTO	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	PETER KARZMAR, M.D.	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	AUDREY KYDD	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	MAYER LEVITT, DMD	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	CHRISTOPHER MARSELLA	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	THERESA MOORE	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	MICHAEL MURPHY	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	ARTHUR ROBBINS	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	FRED SCHIFFMAN, M.D.	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	STEPHEN SOSCIA	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	PAUL STAJDUHAR	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA

DIRECTOR	THE REVEREND JANET COOPER-NELSON	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	DEBORAH CORNWALL	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 USA
DIRECTOR	BARBARA COTTAM	6 BLACKSTONE VALLEY PLACE, SUITE 515 LINCOLN, RI 02865 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**

JEFFREY F. CHASE-LUBITZ, ESQ. ONE RICHMOND SQUARE, SUITE 165W HUSCH
BLACKWELL, LLP PROVIDENCE , RI 02906

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 March, 2023 at 1:03:55 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 DIANA FRANCHITTO
Signature of Authorized Person

Form No. 631
Revised 09/07

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