



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 APR 26 A 10:51

1. Entity ID Number 000073023		2. Exact name of the Corporation NHCC Medical Associates, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Support, encourage, and coordinate development of comprehensive healthcare-related services.			
4. NAICS Code 622110 - General Medical and Su					
6. Principal Office Address 11 Friendship Street		City Newport	State RI	Zip 02840	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jeffrey T. Gaines, M.D.		Vice-President Name			
Street Address 11 Friendship Street		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Kenneth E. Wood, D.O.		Treasurer Name Kenneth E. Wood, D.O.			
Street Address 593 Eddy Street		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Jeffrey T. Gaines, M.D.		Director Name John Fernandez			
Street Address 11 Friendship Street		Street Address 167 Point Street			
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02903
Director Name Sami Assad, M.D. (Chair)		Director Name Peter K. Markell			
Street Address 50 Memorial Boulevard		Street Address 167 Point Street			
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02903
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 Jeffrey T. Gaines, M.D.					Date 3/13/2023
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

APR 26 2023  
BY ML 100095751

NHCC Medical Associates, Inc.

ID #000073023

**8. Directors**

Kenneth E. Wood, D.O. 593 Eddy Street Providence, RI 02903
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Christine Greenia, M.D. 11 Friendship Street Newport, RI 02840
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G. Dean Roye, M.D. 593 Eddy Street Providence, RI 02903
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