



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 - ENTER THE CURRENT FILING YEAR 2023: 2023**

1. Corporate ID No. 001662864

2. Name of Corporation Integrated Healthcare Partners

3. State of Incorporation

State: RI

**NAICS CODE**

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  
813990

4. Principal Office Address

No. and Street: PO BOX 16261  
P.O. BOX 412

City or Town: RUMFORD State: RI Zip: 02916 Country: USA

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

TO ACT ON BEHALF OF PARTICIPATING HEALTH CARE PROVIDERS TO ENTER INTO SHARED SAVINGS AND OTHER INNOVATIVE FINANCING ARRANGEMENTS TO IMPROVE PATIENT HEALTH AND REDUCE THE OVERALL TOTAL COST OF CARE FOR PUBLICLY AND PRIVATELY FUNDED POPULATIONS. THE CORPORATION IS ALSO ORGANIZED EXCLUSIVELY TO SUPPORT THE MISSIONS OF EAST BAY COMMUNITY ACTION PROGRAM, THUNDERMIST HEALTH CENTER, COMPREHENSIVE COMMUNITY ACTION PROGRAM, NORTHWEST COMMUNITY

HEALTH CARE D/B/A WELLONE, TRI-COUNTY COMMUNITY ACTION AGENCY AND WOOD RIVER HEALTH SERVICES, INC., EACH OF WHICH IS A FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER THAT IS EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "GCODE:H) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AS WELL AS SUPPORTING OTHER TAX-EXEMPT HEALTH CARE PROVIDERS IN RHODE ISLAND THAT BECOME MEMBERS OF THE CORPORATION AND PARTICIPATE IN THE CORPORATION'S PROGRAMS TO IMPROVE PATIENT HEALTH AND REDUCE HEALTH CARE COSTS.

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	PETER J BANCROFT	36 BRIDGE WAY PASCOAG, RI 02895 USA
SECRETARY	JOANNE MCGUNAGLE	311 DORIC AVE CRASNTON, RI 02910 USA
CEO	REBECCA PLONSKY	PO BOX 412 WAKEFIELD, RI 02879 USA
CFO	RICHARD C NANKEE	PO BOX 412 RUMFORD, RI 02916 USA
DIRECTOR	DENNIS ROY	19 BROADWAY NEWPORT, RI 02840 USA
DIRECTOR	ALISON CROKE	823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	BRENDA DOWLATSHAHI	1126 HARTFORD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	DANIEL KUBAS MEYER	2756 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	JAMES LEHANE	127 JOHNNY CAKE HILL ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	BENEDICT LESSING JR.	800 CLINTON STREET WOONSOCKET, RI 02895 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**

DON E. WINEBERG CHACE RUTTENBERG & FREEDMAN, LLP ONE PARK ROW - SUITE 300  
PROVIDENCE , RI 02903

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

**Signed this 29 Day of June, 2023 at 2:59:47 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 RICHARD NANKEE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved