



State of Rhode Island
Department of State - Business Services Division

State of Rhode Island

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.

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BUS SVCS DIV

2023 JUL 19 A 10:58

1. Entity ID Number 000074941		2. Exact name of the Corporation Spectrum Health Systems, Inc.			
3. State of Incorporation Massachusetts		5. Brief description of the character of business conducted in Rhode Island Drug and alcohol treatment, prevention and education, ancillary treatment services, research, evaluation and program development. Title: 7-6			
4. NAICS Code 622210					
6. Principal Office Address 10 Mechanic Street, Suite 302		City Worcester		State MA	Zip 01608
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Kurt A. Isaacson			Vice-President Name Verilyn Mitchell		
Street Address 16 Bay Farm Lane			Street Address 42 Summit Street		
City South Grafton	State MA	Zip 01560	City Clinton	State MA	Zip 01510
Secretary Name Susan Suchocki-Brown			Treasurer Name Andrew Salmon		
Street Address 11 Whipple Road			Street Address 5 Bella Rosa Drive		
City Kittery	State ME	Zip 03904	City Millbury	State MA	Zip 01527
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name John Renner			Director Name Brian Garrity		
Street Address 11 Braddocki Park #A			Street Address 6 Talbot Road		
City Boston	State MA	Zip 02116	City Hingham	State MA	Zip 02043
Director Name Brenda Jenkins			Director Name Jeroan Allison		
Street Address 13 Benefit Street			Street Address 15 Westland Street		
City Worcester	State MA	Zip 01610	City Worcester	State MA	Zip 01602
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Kurt A. Isaacson				Date 7/13/2023	
Signature of Officer/Authorized Representative <u>Kurt Isaacson</u>					

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

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FORM 631- Revised 04/2023

Additional Officers

Name	Home
Cheryl Gallant	28 Whispering Pine Circle Worcester, MA 01606
a.Chairperson	(314) 304 6882
Garth Johnson	71 School Street Shrewsbury, MA 01545
c. Assistant Secretary	(508) 842 1264

Additional Directors

Name	Home
David Felper	61 Magill Drive Grafton, MA 01519
s.Trustee	(508) 839 7866
James Celestin	12 Stoneholm Street, #623 Boston, MA 02115
v.Trustee	(646) 256 2061
Thomas Turco, III	118 Bryn Mawr Avenue Auburn, MA 01501
x.Trustee	(508) 769 6661