



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. 000115764

2. Name of Corporation HealthTouch, Inc.

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
624190

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 51 HEALTH LANE

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE HOME HEALTH SERVICES, PUBLIC HEALTH NURSING SERVICES AND OTHER RELATED HEALTH SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).
R.I.G.L.
7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	RUDOLPH MOSELEY JR.	35 RED CEDAR LANE NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JUDITH REMONDI	258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA
DIRECTOR	CHARLES R. REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
CHAIRPERSON	CHARLES R. REPPUCCI	215 SUNNYBROOK FARM ROAD NARRAGANSETT, RI 02882 USA
TREASURER	R. STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	KEVIN BAILL MD	345 BLACKSTONE BLVD PROVIDENCE, RI 02906 USA
DIRECTOR	ANA TUYA FULTON MD	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
DIRECTOR	CAROLYNN MASTERS PHD, RN	RHODE ISLAND COLLEGE, FLS 158 - 600 MOUNT PLEASANT AVE. PROVIDENCE, RI 02908 USA
CHAIRPERSON ELECT	GARY FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
VICE CHAIRPERSON	PATRICK J. MURRAY JR.	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
VICE CHAIRPERSON	JUDITH REMONDI	258 BRIDLE TRAIL ROAD NEEDHAM, MA 02492 USA
EX OFFICIO DIRECTOR	MICHAEL WAGNER MD	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
ASSISTANT TREASURER	TODD CONKLIN	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
ASSISTANT SECRETARY	ASHLEY TAYLOR ESQ.	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
DIRECTOR	PETER R. PHILLIPS	156 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	R. STEPHEN MANTY	110 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 USA
DIRECTOR	SHARON CONARD- WELLS	85 MAJESTIC AVENUE WARWICK, RI 02888 USA
DIRECTOR	GARY FURTADO	15 BETH AVENUE WARREN, RI 02885 USA
DIRECTOR	JAMES BOTVIN	12 BAGY WRINKLE COVE WARREN, RI 02885 USA
DIRECTOR	MARIBETH WILLIAMSON	450 WAKEFIELD STREET WEST WARWICK, RI 02893 USA

DIRECTOR	PATRICK J. MURRAY, JR.	255 BOXWOOD LANE BRIDGEWATER, MA 02324 USA
DIRECTOR	JOSEPH J. MCGAIR, ESQ.	92 SANDY LANE WARWICK, RI 02889 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATHLEEN PEIRCE 51 HEALTH LANE WARWICK , RI 02886

Signed this 13 Day of September, 2023 at 1:48:56 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 ASHLEY TAYLOR
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 13, 2023 01:48 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

