



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.

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

2023 NOV -7 A 10:26

1. Entity ID Number 001662087		2. Exact name of the Corporation WTL Health Clinic, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Licensed Ambulatory facility providing high quality free non-urgent primary health care services.			
4. NAICS Code 813212 - Voluntary Health Orga					
6. Principal Office Address 59 Prospect Street, Suite A		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Dr. Akosua Dankwah		Vice-President Name Dr Margaret Gradie			
Street Address 59 Prospect Street, Suite A		Street Address 59 Prospect Street, Suite A			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Angela Bediako		Treasurer Name Mariam Ford			
Street Address 59 Prospect Street, Suite A		Street Address 59 Prospect Street, Suite A			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Rev. Nana Danquah		Director Name Dr Margaret Gradie			
Street Address 59 Prospect Street, Suite A		Street Address 59 Prospect Street, Suite A			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Angela Bediako		Director Name Mariam Ford			
Street Address 59 Prospect Street, Suite A		Street Address 59 Prospect Street, Suite A			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Dr. Akosua Dankwah				Date 11-6-23	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

NOV 07 2023

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BY LKS HQTVA