



**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: 2024

1. Corporate ID No. 000030237

2. Name of Corporation RHODE ISLAND HEALTH CENTER ASSOCIATION

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

813910

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 235 PROMENADE STREET
SUITE 455

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

PLANNING, ADVOCACY AND TECHNICAL ASSISTANCE FOR COMMUNITY HEALTH CENTERS

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Incorporator is no longer applicable; please delete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
TREASURER	JEANNE LACHANCE	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
SECRETARY	BRENDA DOWLATSHAHI	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
CEO	ELENA NICOLELLA	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
BOARD CHAIR	WILLIAM HOCHSTRASSER-WALSH	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
VICE-CHAIR	MERRILL THOMAS	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	ALISON CROKE	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	PETER BANCROFT	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	THOMAS WARCUP DO	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	ELENA KWETKOWSKI DO	235 PROMENADE ST PROVIDENCE, RI 02908 USA
DIRECTOR	DAVID RAGOSTA	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	JILLIAN PASTINA ROY	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 USA
DIRECTOR	RILWAY FEYISITAN	235 PROMENADE ST, SUITE 455 PROVIDENCE, RI 02908 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**

ELENA NICOLELLA 235 PROMENADE STREET, SUITE 455 PROVIDENCE , RI 02908

Signed this 14 Day of February, 2024 at 11:40:49 AM 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 GAIL STOUT
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:

February 14, 2024 11:40 AM

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

Gregg M. Amore
Secretary of State

