

**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 YEAR 2024: 2024**1. Corporate ID No.** 000028183**2. Name of Corporation** The Providence Community Health Centers, Inc.**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

813212**4. Principal Office Address**No. and Street: 375 ALLENS AVENUECity or Town: PROVIDENCEState: RIZip: 02905Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**HEALTH CARE**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.

Title**Individual Name**

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	MERRILL R THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CHIEF OF STAFF	SUSANA CONKLIN	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CIO	JAY DECOSTA	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CFO	KEVIN CABRAL	375 ALLENS AVE PROVIDENCE, RI 02905 USA
BOARD CHAIRMAN	CARL BROWN	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CHIEF TRANSFORMATION OFFICER	KIMBERLY O'CONNELL ESQ.	375 ALLENS AFVENUE PROVIDENCE, RI 02905 USA
VP AND CHIEF HUMAN RESOURCE OFFICER	CHERYL PERRY	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
VP AND CHIEF MEDICAL OFFICER	NADINE HEWUDALIGE MD	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
BOARD - VICE CHAIR	AMBER BICHUM	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
BOARD - SECRETARY	MEGHAN HOPKINS ESQ	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
BOARD - TREASURER	RAFAEL YEPEZ	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	CASSANDRA FEENEY ESQ	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	EMILLIAN EGBUCHE	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MAYLEM ESTRELLA	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	YEISHA MARRERO	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	BYRON MONGE	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	WENDY THOMAS	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	CHRISTINA ZANFAGNA	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	MICHAEL CANCELLIERE	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	RUSSELL CORCORAN MD	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	JOSEPH ESPAT MD	375 ALLENS AVENUE PROVIDENCE, RI 02905 USA
DIRECTOR	RICHARD HEMPHILL	375 ALLENS AVENUE PROVIDENCE, RI 02905 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

MERRILL R. THOMAS 375 ALLENS AVENUE PROVIDENCE , RI 02905

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

Signed this 16 Day of February, 2024 at 4:40:11 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 DIANA DUCHARME

Signature of Authorized Person

Form No. 631
Revised 09/07

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