State of Rhode Island
Office of the Secretary of State

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

Fee: $20.00

Foreign Non-Profit 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. 001752283

2. Name of Corporation Healthcare Distribution Alliance

3. State of Incorporation

State: DC

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

4. Principal Office Address

No. and Street: 1275 PENNSYLVANIA AVENUE
NORTHWEST
600
City or Town: WASHINGTON State: DC Zip: 20004 Country: US

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

REPRESENTATION AND ADVOCACY ON BEHALF OF HEALTHCARE DISTRIBUTORS BEFORE
CONGRESS AND FEDERAL AGENCIES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHESTER DAVIS JR.	1275 PENNSYLVANIA AVENUE, NW, SUITE 600 WASHINGTON, DC 20004 USA
SECRETARY	ELIZABETH GALLENAGH	1275 PENNSYLVANIA AVENUE NORTHWEST WASHINGTON, DC 20004 US
COO	ANN BITTMAN	1275 PENNSYLVANIA AVENUE NORTHWEST WASHINGTON, DC 20004 US
DIRECTOR	KIRK KAMINSKY	6555 NORTH STATE HWY 161 LAS COLINAS, TX 75039 US
DIRECTOR	JODY HATCHER	P.O. BOX 51367 SHREVEPORT, LA 71135-1367 US

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 20 Day of February, 2024 at 12:24:57 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 ELIZABETH GALLENAGH
Signature of Authorized Person

Form No. 631
Revised 09/07